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Materia Medica.

APIS MELLIFICA.

BY WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

Preparation.

Live bees are shaken in a bottle and then digested in dilute alcohol for several days. Hering maintains that there is but one right preparation. It is the pure poison, which is obtained by grasping the bee with a small forceps and catching the minute drop of virus suspended from the point of the sting in a vial or watch crystal. After collecting a sufficient quantity it may be potentized in alcohol or glycerine. This certainly seems a better preparation than the tincture made from the bee with all the foreign matter and impurities. However, both preparations are used in the school—Apium virus and Apis. The poison is thin and transparent, mixes readily with water and glycerine. Its active principle is Formic acid. The 3x of Apium trituration equals the mother tincture of Apis.

History.

In 1847 Dr. Marcy had a lad, twelve years old, troubled with ascites and hydrothorax for several months. Old school treatment, tapping and homœopathic remedies, failed. The secretion of urine was nearly suspended; skin dry, hot, pulse weak and rapid, respiration short, difficult, dry mouth and throat, restless, anxious, sleepless, with short irritating cough. At this stage a strolling Indian woman, one of the few survivors of the Narragansett tribe, suggested to the family the use of a honey bee night and morning. She enclosed the bees in a covered tin pail, placed them into a heated oven, then powdered them and administered one in syrup night and morning. After twenty-four hours skin less hot, respiration easier, pulse slower, urine increased. Dropsy diminished daily and patient cured in a few weeks. This is the first cure by Apis ever recorded.

General Action.

A study of the local and constitutional effects of the bee sting will give a clear picture of the Apis disease, and hence the disarrangement of the bodily health that Apis will cure. Besides the effects from the sting provings with the virus and tincture of the whole bee taken internally have been instituted and the finer effects of the drug thus obtained.

In every case of bee sting the part rapidly swells up, becomes more or less hot and red, with a sore, tense pain and often considerable burning, tingling, itching and stinging. But usually we have more than these local effects, as is seen from the following records: "A farmer was stung upon the tip of the nose. It instantly struck through his whole frame, like an electric shock, was scarcely able to walk, staggered, mind bewildered, faint, prostration, with anxiety and distress at stomach; dyspnœa, loss of consciousness for three hours. The prostration, mental confusion, with vertigo, lasted for weeks." A second exposure to bee sting showed similar symptoms, with prostration and dyspnœa more marked, together with great sensitiveness of skin to contact.

A young woman was stung on the neck. Face became much swollen, eyelids puffed up, body covered with large wheals, mouth dry, throat constricted, symptoms lasted for one week.

Another victim had great swelling of tongue, with the urticaria, dyspnœa and fruitless efforts to urinate, etc.

We see then that besides the strictly local effects over the site of the sting we have as effects of the bee sting marked constitutional symptoms, which are especially corroborated by the provings. The faintness, prostration, mental confusion and above all the dyspnœa, the œdema and urticaria, these are the invariable expressions of the way Apium virus invades the organism, disturbing its distinctive life and substituting therefor its own revolutionary phenomena. Every well proven drug gives us pictures of perverted functional life and ultimately of organic lesion characteristic and distinctive of itself. One like Apis or Aconite, and hosts of others, will invade the organism suddenly and violently; others by perversion of nutrition and assimilation, like Calcarea and Iodine, will favor the development of dyscrasia and nutritive and developmental lesions; while still others, like Sulphur and Lycopodium, by interfering with elimination, gives pictures of auto-intoxication, which have been so graphically described and dignified by Hahnemann in his psoric theory.

So the genius of every day, that is, its characteristic life-disturbing quality—if you please, the spirit of a drug, can only be determined by giving it freedom to act out itself on the comparatively healthy—by proving according to the homœopathic method. That is the first step, but the much more important and difficult step follows, which is to interpret the proving—to separate the essential from the unessential, the ephemeral and incidental from the permanent and characteristic.

In studying a proving like that of Apis, we take notice first of the elective affinity of the drug, the

tissues which seem to respond specifically to the Apis intoxication. We find them to be (1) the skin, mucous membranes and cellular tissue. This matter of elective affinity is a very interesting thing and one that is very helpful in our analysis of drug action. It is not a local action, but a localization of the drug's specific nature. It appears, no matter by what avenue the drug is introduced into the body. We have such specific localization with Belladonna in its action on the brain, with Glonoine in the vaso-motor centre in the brain, with Ergot on the uterus and posterior columns of spinal cord, with Phosphorus on the periosteum, etc. With Apis it is the skin, cellular tissue and whole tract of mucous membrane from eyes, mouth to anus and certain organs, specifically tongue and ovaries, everywhere producing the characteristic œdema plus burning and stinging pains and general soreness. These subjective symptoms are highly indicative of Apis. They are like bee stings, with the thrust, stinging and burning following. Thus you find this stinging, burning pain in the temples, joints, glands, eyes, ovaries, stomach, abdomen, bladder, urethra, rectum, in the cavities and the skin. We naturally lay great stress on these sensations; whenever they are well marked they often alone serve to guide us to the remedy. Recall only the burning pains of Arsenic, the coldness of Veratrum, the absolute refrigeration of Heloderma, the stitching pains of Bryonia and here the stinging pains of Apis.

Apis is seen to act specifically upon the cellular tissue, giving an acute œdema of the skin and mucous membranes. The œdema is characteristic of Apis wherever found, be it in the eyes, mouth, fauces, tonsils, throat or skin. This œdema causes rapid swelling of the parts and is generally accompanied by the burning, stinging pains. Thus we have the eyelids much swollen, red and œdematous; puffy, the upper lid hangs like a sac over the eye; the nose is swollen, red and œdematous; lips, face and tongue are swollen. In glossitis Apis is preeminent. It has a specific action on the tongue, like Muriatic acid. The throat is œdematous, rosy-hued, gums sacculated and look watery; œdema may involve the glottis.

Again it produces a form of erysipelas. Here the parts are pale red, sensitive to touch, tense, burn and sting, with bruised soreness and general œdema. We have seen it produce an urticaria with intolerable itching and distressed breathing, and these symptoms have been clinically verified. Carbuncles, with burning, stinging pains. The skin is very sensitive to the slightest touch or numbness possibly arising from the pressure of the swollen tissues. These symptoms are better by the application of cold water, worse by heat and covering parts. Distress in breathing is a common symptom, with skin eruptions and especially with nettle rash.

There is a general aggravation of all symptoms late in the afternoon, about 5 P. M. There is a general intolerance of the heat of the bed—to overheated, close rooms—a general amelioration in the open air and washing in cold water. Thus the burning, stinging pains in various eye diseases for which Apis may be indicated are temporarily improved by applying cold water. Again in the Apis intermittent fever the chill is made worse by the application of external heat. Apis patient is always better in open air, uncovering, cold applications. He is worse after sleeping and in closed, especially warmed and heated rooms, these are intolerable.

Apis has great craving for milk. Most provers craved milk. It is antidotal to the poison. So milk is one of the best remedies after getting sick from eating honey. Rhus has the same craving for milk, even in those who never take milk in health, as I have personally verified, and it is also the best antidote, internally and locally, for poison oak.

The provings give still further indications of the way Apis attacks the vital forces, which it weakens, giving us great prostration, even to faintness, as after exertion body feels bruised and sore. This prostration is characteristic and shows you why Apis is so valuable in forms of disease accompanied by this condition. General feeling of lassitude, with trembling. This prostration is shown at times in the labored breathing, with sensation as though every breath would be the last. Fear that he will not be able to breathe again. Most characteristic. This sensation of suffocation is so intense that he cannot bear anything around his neck and closed rooms, especially if overheated, are insupportable to him.

Remember, then, this oppression of the chest as if the patient would smother.

Apis Prostration

Is seen from the provings, not only as an immediate and early symptom, but as one of the chronic effects.

Thus the case of a farmer recorded in the Drug Pathogenesy was stung by a bee. It immediately struck through his whole frame, like an electric shock; was scarcely able to walk, staggered, faint, death-like prostration, with oppression of breathing, etc. Again in the case of a girl, after a sting on the eyebrow, sudden sinking of the vital power, with weak pulse, cold limbs, diarrhœa, etc. And in another case a gentleman occupied in the study of bee life had experimented with the poison and noticed for years often tiresome prostration, loss of power, with trembling feeling; confused head, cannot bear closed rooms, etc.

This prostration gives us another condition characteristic of Apis. Great desire to sleep, extreme sleepiness and the sleep is interrupted by screams. For children who have sudden screaming spells at night—they waken suddenly from a quiet sleep and utter a shrill, piercing scream. Apis also produces a state of unconsciousness, sopor, interrupted by piercing shrieks. Now this is a condition that reminds us forcibly of the cephalic cry of meningitis, which in its weird fearfulness you'll never forget when once heard—and Apis is one of our most valued remedies for dropsical effusion in the meninges when you have the suppressed urine, constant involuntary motion of one leg and arm, bores head into pillow, rolls its head, grates teeth, squints, flexing of the big toe (turning up), etc., and this short, sharp, shrill cry, with unconsciousness. Preceding this period of unconsciousness there is

great irritability, throwing off of clothing, with aggravation from the least heat.

This symptom of sleepiness without fever is a pathognomonic initial symptoms of idiopathic cerebral disease. Think at once of basilar meningitis.

The latter occurs frequently in the course of other diseases, and there is no other single symptom on which its commencement may be so surely predicted as this feverless sleepiness, not even the vomiting, the long continued headache, the slow, irregular pulse.

Helleborus is a complementary remedy here and follows Apis well for this cerebral depression and exudation. Said a high potency friend to me, that for years Helleborus 200 had been given and failed —now he uses the mother tincture of this remedy for this condition—a clinical tip worth remembering.

Mouth and Tongue

Are very markedly affected by Apis. Very decided swelling of the tongue is noticed in many cases after a bee sting, though the seat of the sting be in a remote part. Vesicles and papular elevations rise on the edge and tip. The sensations accompanying this inflammatory state are burning, stinging, prickling heat, burning rawness. Sensation of scalding. No medicine produces such a close simile to glossitis. It is the medicine in acute glossitis (Mercurius). Similar inflammation of the fauces. Fullness, constriction and suffocation, painful swallowing.

There is a species of sore throat in which Apis is specific. There is no very great redness or pain, as in Belladonna; not the hot coal feeling of Phytolacca, nor is the tonsil itself inflamed, as in Baryta, but there is a general œdema of the submucous cellular tissue covering the tonsils, uvula, soft palate and even the posterior portion of the hard palate.

There are two specific diseases in which the throat is often affected in the way of acute œdema—diphtheria and scarlatina.

In diphtheria Apis is the remedy when the prostration shows itself early and the membrane is dirty grey, the margin fiery red and shining; this fiery margin moves on as the membrane increases. The external neck is swollen and often has an erysipelatous blush. There is but little pain accompanying intense and extensive inflammation. Uvula long and dropsical; looks like a small bag of water.

Patient is generally thirstless, perspiration comes and goes, feet and hands feel numb. Heat is very unpleasant to patient. Cold water relieves the itching and stinging. I have seen patients keeping their hands in cold water in this disease. There is scanty urine. Remember, that great debility characterizes the case from the first. Puffiness and bloatedness of subcutaneous tissues of neck and face. Throat puffy, swollen, stinging pains and great inertia or even complete stupor.

Similar symptoms indicate Apis in scarlatina. Miliary rash, drowsiness, fidgety and restless, dry mouth, yet not thirsty, puffy throat and œdematous uvula. Repercussed eruption, meninges irritated, great and early prostration, rolling of head and sudden screams indicate it. Again in post-scarlatinal dropsy, with scanty, suppressed urine; pale, waxen skin, no thirst, difficult breathing, patient worse from heat and more comfortable by cold. Apis will do all medicine can do.

In many forms of dropsy, ascites, anasarca, hydrothorax, Apis is curative. The urine is dark and scanty, the skin pale, shiny, tense, waxen, œdematous and no thirst. The patient feels tired, as if bruised all over. Absence of thirst is the rule in Apis cases, though not necessarily; if there is thirst, the general afternoon aggravation and tendency to stupor is more apparent.

Bruised feeling in the abdominal walls, which are extremely tender, is met with in the diarrhœa and dysentery that Apis causes and cures. First, there is a characteristic morning diarrhœa, which is painless, but associated with great weakness. Stool with every motion of the body, as if the anus were constantly open, or it may be involuntary on every motion. Tendency to stupor and no inclination for food or drink, unless sometimes milk is craved. In dysentery stools are bloody, but painless; abdomen sore, anus raw, tongue dry, great apathy.

Cholera infantum, with constant relapses, threatening brain troubles, sunken abdomen. The child gets stupid, starts suddenly, screams out, urine scanty. Tedious cases tending to hydrocephaloid.

Urinary Symptoms.

In irritable bladder, where patient is obliged to urinate every half hour; in incontinence, with great irritation, can scarcely retain the urine a moment, and when passed scalds severely, is scanty and bloody, frequent desire, with passage of only drops; the last drops especially burn and smart severely; urine contains albumen and tube casts. Clinically it has a fine record in acute inflammation of the kidneys, with aching and soreness over the kidney region.

Besides the characteristic Apis diarrhœa, with its morning aggravation, wide open anus, its painlessness and great weakness, the slimy, greenish, full of bright red spots, the tomato sauce like stools, Apis is the remedy for constipation when patient has large, hard stools, with stinging sensations and great constriction. Patient fears that something will break on straining. This symptom is very important, and is another expression of the feeling of constriction so characteristic of this drug. We have seen it in the chest, giving rise to dyspnœa and fear that every breath would be the last.

Female Organs.

The main action is on the ovaries, causing irritation and pain, with tenderness; also, a tendency to uterine hæmorrhage and miscarriage. The right ovary especially is a specific locality for manifesting its action, but both are painful, sensitive to touch and pressure, burn and sting. Hence its use in ovaritis, chronic enlargement of ovaries, with occasional paroxysms of pain in ovarian dropsy, where it cures in early stages and palliates in more developed stage.

Apis is useful in suppression of menses with these ovarian pains, œdema of labia, with congestive symptoms to head; brain feels tired, legs feel bruis-

ed or beaten. Patient is irritable, tearful, fidgety, restless and worse in warm room. Especially for girls who are constantly busy, but do nothing right, drop things and laugh over their awkwardness.

Apis Fever.

Apis has very marked periodicity. Fever at 5 P. M. Dropsy and no thirst or afternoon chill with thirst, worse motion and heat. External heat, with smothering feeling. Chill is worse from heat and followed by headache and cough. Sleepy during latter part of hot stage. Sweat alternates with dry skin. Sweat is not great, but after it great stinging and pricking and sleepiness. During sleep sudden startings or screams and dreams, full of care and toil, taking away its refreshing character and reflecting even here the strenuous environment of care and worry of the day.

It is said that Apis is inimical to Rhus. Such statements must not be made dogmatically; they are at best suggestive, only needing further clinical observation. I have seen strikingly prompt curative action from Apis in cases of Rhus poisoning so common in California, when the swelling around eyes and face generally was the chief objective symptom.

Resume.

Remember, the great Apis objective symptoms. Skin waxy, œdematous, puffy, the pallid face, the nettlerash, the enlarged glands, imperfectly developed or suppressed acute exanthema, as measles, scarlatina, often shown first in the puffy swelling under the eyes, the dropsy of hands and feet, the diarrhœa, the right-sided affections of ovary or testicle, the suppressed urine laden with albumen and tube casts.

Remember, the subjective symptoms. The suffocation, the nausea and deathly sickness, the tightness of chest, the desire for cold air, the aversion to heat, the fidgety, jealous, discouraged state; the extreme sensitiveness to touch, the soreness, the burning and stinging, the constriction, the modalities, especially the general improvement in the open air from uncovering and cold bathing. The best results are obtained from the lower potencies, though the efficacy of the 30th and higher is unquestioned. Sometimes its action is slow in some affections, so several days elapse before it is seen to act, and then a free urinary secretion is produced, showing its favorable action.

AN INQUIRY INTO THE DYNAMIC ACTION OF DRUGS.

BY C. ZURMUHLEN, M. D., CINCINNATI, O.

The object we have in view while writing this paper is of a two-fold character, viz., to draw forth a discussion and criticism and to stimulate others to enter into the work upon this almost unknown field. We frequently hear the complaint that Homœopathy is far from being an exact science, and that our Materia Medica is imperfect and full of errors. What are we doing to improve our Materia Medica and our science? Fault-finding will not accomplish the work. As we have recognized the defects, let us boldly go to work and remedy them. We must expect to meet with many failures and frequent disappointments, but these must not discourage us, for through many failures we shall be triumphant and our labors will finally be crowned with well-earned success.

The writer has endeavored to construct a mechanism of the dynamic action of drugs. The theory advanced may be faulty or altogether wrong; no matter, it will serve to draw forth criticism, and just and intelligent criticism may serve to draw forth the truth.

The immortal Hahnemann has taught us that when we potentize a drug we liberate a dynamic force, which restores the equilibrium of the disturbed vital force. Unfortunately for us he did not give us the theory which led him to this conclusion.

Before we proceed with our study let us first learn the meaning of the words force and dynamic. Force is that which causes matter to change places.

Dynamics (from dynamicos, powerful) is that branch of science which investigates the action of force. Force when it acts upon matter is recognized in two ways; first, so as to compel rest or prevent change of motion, and, secondly, so as to change motion.

When we potentize a drug by succussion or trituration we develop a dynamic force. Whence do we obtain this force? Not from the energy used in the succussion and trituration, for this is simply mechanical energy, which is employed to disintegrate and attenuate the drug substance. We know that we can not create a force, therefore are we forced to the conclusion that the dynamic force is developed from some pre-existing force. The primordial forces from which the dynamic force must be developed are heat and light, electricity, capillarity, cohesion, chemical force, gravitation and the vital force.

The writer believes that during the process of potentization gravitation is changed into the so-called dynamic force. Gravitation is a centripetal force, or the force of attraction. La Sage teaches that the gravitation of bodies towards each other is caused by the impact of streams of atoms flying in all directions through space; and the other theory claims that it is due to rays of mechanical energy, which are constantly streaming from the utmost limits of the universe through the ether toward a common centre, the sun. Both theories describe gravitation as a centripetal force, and opposed to it is the centrifugal force which is the energy that is given off by the sun as radiant energy.

The integration or evolution of matter is accompanied by the disintegration of force and the disintegration of matter is accompanied by the evolution of force. If you doubt the truth of this statement I ask you to study a galvanic cell; here the disintegration of the zinc and copper by the sulphuric acid and potassium bichromate is accompanied by the evolution of force, viz., electricity, and the liberated corpuscles travel along the conducting wire with wonderful energy at an exceedingly high rate of motion, 185,000 miles per second.

If we wish to apply the "powerful force" in a scientific manner to the cure of disease we must first understand the cause and nature of disease.

Bacteriologists have taught the medical profession

to believe that bacteria are the cause of disease. This is not true, for the healthy organism is immune against bacteria. The mucous membranes and skin form a barrier when intact which prevents the ingress of bacteria into the system, and when their continuity is destroyed the normal alkaline blood destroys the bacteria. This bactericidal power of the blood is probably due to an enzyme, which is manufactured by the leucocytes. The bacteria can only live and thrive and multiply under the most favorable conditions; the normal temperature must not be too high or low. The culture media must be neutral in reaction; if it is too acid or alkaline they are destroyed by it. A prebacillary stage must therefore obtain, during which the tissues must be prepared for the bacteria. We are compelled to search for a deeper and more obscure cause of disease, which has its origin in the tissues or even in the vital force. In a recent number of the New York Medical News you will find an article on the treatment of cancer by radium. The writer says that cancer is not caused by bacteria, but is due to an abbreviation of the vital force, which results in the rapid proliferation of cells. Ah! my friends of the old school, you have finally discovered the truth announced by Hahnemann over a century ago.

Disease is caused by a change in the rate of vibration, in the molecules of the tissues, which differs from the even and harmonious rate of vibration which constitutes health. This change is due to some outside force. Unless the molecules are acted upon by some other force they cannot change their form of motion. This fact is so well stated by Sir Isaac Newton, in his first law of motion, which we feel we must quote: Everything continues in its state of rest, or uniform motion in a straight line, except in so far as it is compelled by force to change this state."

The forces which compel the tissue molecules to change their state are of a two-fold character, mental and physical. The mental forces are grief, fright, anger, fear, worry, disappointment, excessive mental exertion. The physical forces are extremes of heat and cold, sudden changes in temperature, cold combined with moisture, unfavorable climate, unsanitary surroundings, the use of narcotics and alcohol, and last, but not least, licentiousness.

In acute diseases the rate of vibration is greatly increased above normal and the result is an increase in the tissue changes, with rapid disintegration of tissues and a tendency to liquefaction. This increased activity is accompanied by a rise of temperature.

In chronic diseases we find a reversed condition. The vibration of the tissues is below the normal, the temperature is often subnormal, a proliferation of cells takes place in the tissues and the parenchyma of the viscera is replaced by fibrous tissue, lime salts are deposited in the coats of arteries and concretions are formed in the joints.

How can the dynamic force in potentized drugs restore the disturbed equilibrium of the vital force? Experience has taught us that we get better results from low potencies in acute diseases and from the higher in chronic cases. The lower potencies must then have a lower rate of vibration, and as we ascend in the scale and the drug matter becomes more divided and attenuated until we no longer deal with molecules and atoms, but with corpuscles, which are 1,000 times smaller than atoms. These minute particles vibrate at an exceedingly high rate, which is supposed to lie between 100,000 and a million. That these corpuscles can develop a wonderful force is a fact well known to every physicist, for do not the corpuscles in the X-rays penetrate wood, metal, glass and paper and the emanations from uranium, thorium and radium have the same power.

The writer has often observed that the high notes of a soprano voice vibrate in unison with the lowest base notes of the organ, and the same is true of the piccolo, clarionet and oboe. This observation has led us to believe that it may afford a solution of the potency question. As the high and low notes in music vibrate in unison and produce harmony, so the slow vibrating drug molecules of the low potencies must vibrate in unison with the rapidly vibrating tissue molecule in acute diseases and the rapidly vibrating drug molecule of the higher potencies must vibrate in unison with the slow vibrating molecule of chronic diseases. In this manner the harmony or equilibrium of the vital force is restored. If this theory is correct, then it will be an easy matter to formulate a law that will guide us in selecting the right potency. This law will probably read as follows: The potency of the drug must be chosen in an inverse order to the rate of vibration in the tissue molecule.

[Miami Valley Society.]

Practice of Medicine.

TYPHOID FEVER.

BY GEORGE ROYAL, M. D., DES MOINES, IA.

Realizing that I am not going to address a body of medical students, but rather experienced practitioners, many of whom have more book learning and experience than myself, I shall not give you the etiology, symptomatology nor even the diagnosis of typhoid fever. You can find that better expressed in any of our text-books. Neither am I going to waste your time giving you the general treatment of the disease, as you can also find that in your books. I purpose to give my experience in a few individual cases in exchange for yours in other cases, so that when we meet similar ones we shall be the better prepared to treat them. We have all learned that the course of many, if not the majority, of our cases deviate from the typical one which was given us by the professor of practice when in college. And what is more we have learned that it is these atypical cases which give us the most trouble. You have also noticed that different variations occur during different years.

In Des Moines and vicinity the present year the variations assume the nervous form. Not more than ten per cent. of the cases I have seen assume the abdominal type. There have been neither marked constipation nor diarrhœa. Tympanites has been rare; intestinal hæmorrhage and perforations still

more rare. I speak of these conditions in relative terms. I have had neither hæmorrhage nor perforation in my own cases or those I have seen in consultation. Of the reports I have received I have only heard of one case of hæmorrhage.

The most prominent symptoms we have found were insomnia; a persistent, mild delirium; a weak, rapid, irregular pulse and sweat, alternating with heat or chills. The temperature as a rule has not been high. In only two cases have I known of its going above 104.5. In most cases it never reached 102.5. The prodromal stage has been long; the stage of invasion short. That of convalescence has been long and troublesome. Let me cite you two cases as examples of the two prevailing classes:

Class I.

A girl, aged eleven; slim, light complexion, nervous temperament, of neurotic parents. About July 15th her parents noticed that she was more restless than usual; that her appetite was variable; that she could not sleep much, and that when asleep she frequently cried out as when dreaming.

I was called July 24th, when in addition to the above I found an evening temperature of 101 and a pulse of 120, weak and soft. There was neither tenderness nor distension of the abdomen at this time. She complained of a dull, frontal headache, the pains running into the roots of the nose.

The next morning the temperature was down to 99; pulse, 90, and I dismissed the patient, only to be recalled on the evening of July 26th, when the temperature was 101.8; pulse, 124. The morning of the 27th temperature 100; pulse, 108. The evening of the same day temperature reached 102 and the pulse 130. The child was mildly delirious. Her chart showed no preceptible change in either temperature or pulse till August 8th, when both began to lower gradually till the temperature reached normal.

August 14th. For three days it remained normal and there was improvement in every respect, so I dismissed her the second time August 16th in the evening. On August 18th at 3 P. M. I was called in haste and found the temperature 104.5; pulse, 142; child very restless, the abdomen distended and tympanitic, severe pains all over the abdomen. I feared perforation. The next morning, August 19th, temperature 99; evening, 100.8. August 20th, morning, 100; evening, 101. That day the stools were yellow, watery and frequent; nine stools during the twenty-four hours. After this the pains and other abdominal symptoms disappeared and the chart up to September 14th showed but little variation from what was recorded from July 28th to August 14th. On September 15th both pulse and temperature became normal and have remained so ever since.

With the exception of what took place the day of the relapse, and the three days following, the above case is typical of several others which I have treated since July 10th.

Treatment.

The only remedy this child had from July 28th till the relapse was Kali phosphoricum 6x. I gave about a grain of the powder in a spoonful of water, every three hours. When I was recalled August 18th gave Terebinth 6x, five-drop doses in a spoonful of water, every half hour when not asleep during the night; after that every two hours till the stools became diarrhœic, when Rhus toxicodendron 30th was substituted and continued for four days. We then returned to Kali phosphoricum and continued it till she was finally dismissed.

Every night during the first course she received a rectal injection of the normal salt solution at 9 o'clock. After this the patient was sponged with equal parts of a saturated salt solution and alcohol. And after this she was given to understand that she was expected to go to sleep and the family and nurse instructed to conduct themselves accordingly.

When I was called back at the time of the relapse, in addition to the Terebinth internally, I ordered half a dram of the Oil of turpentine thoroughly mixed in one ounce of lard applied to the abdomen.

The next morning she was given an enæma of hot water containing ten drops of the Oil of turpentine to the quart. This was repeated two mornings, after which the normal salt solution injections at evening were resumed.

Food.

The nourishment consisted of Arlington Company's liquid beef peptonoids, panopepton, malted milk and the unfermented grape-juice. Milk seemed to disagree, although she craved it. We were unable to prepare it in any way to make it digest. It was to the excessive feeding of raw milk that I attributed the relapse. She was ravenously hungry, and drank a pint and a half the forenoon of the day of the relapse.

The first stools after the relapse, although hard, contained undigested milk, and it was also seen in the liquid stools which followed. The one thing which has been most forcibly impressed upon me this season is the superiority of the foods which contain alcohol, such as peptonoid, panapepton, over milk, soups and broths for this class of patients. Whenever Kali phosphoricum, Ferrum phosphoricum, Phosphoric acid, Phosphorus, Arsenicum, Gelsemium were indicated the alcoholic preserved foods have been of greater service than the others.

Drinks.

This patient was allowed all the water she wished. The water was obtained from an artesian well and contained Sulphur and Magnesia. She was also allowed orangade.

Bathing and Massage.

She objected to being put into the bath-tub, but enjoyed being rubbed; so she received one sponge bath daily.

While speaking of rubbing I want to report one case—a nervous business man—who, according to his statement, which was also verified by the nurse, had not slept a wink for seventy-two hours. The temperature was not high, there was no delirium, but he insisted on sleep. Everything I tried failed. I sent for a masseur, who "rubbed him to sleep," and he slept without waking four hours, and two

hours during that night. The masseur came two evenings after that with similar results, but the insomnia never returned.

Remedies.

Let me briefly differentiate the remedies which gave me the best results in this class of cases:

Kali phosphoricum

Has restlessness, weakness, a mild delirium, a thin, whitish, yellow coating of the tongue; face pale and pinched, anxious expression, sharp, cutting pains in different parts of the body during the first few days. The characteristic symptoms are the weak, rapid, irregular pulse, with a comparatively low temperature, i. e., pulse of 120 to 140, with a temperature of 100 to 101.

Ferrum phosphoricum

Has most of th symptoms found under Kali phosphoricum. The pulse is even more rapid, but at the same time is stronger and less irregular than that of Kali phosporicum. Instead of a pale, pinched face the Ferrum phosphoricum patient has a full, flushed, red face. The lips and other mucous membranes are also bright red, not pale, as under Kali phosphoricum.

Phosphoric acid

I only used in one case, a young man, who not only drank to excess, but went to excess in venery. The prodromal stage had been short. The stage of invasion had been violent, so that at the end of the fourth day he could not turn himself in bed, but lay on his back with a stupid, besotted, apathetic expression. The very first day he went to bed it was five minutes by my watch after I asked him, before he got his tongue out, such was the condition of the sensorium. After that for days I could not get his attention. While in this case there was not the diarrhœa which we usually expect with this group of symptoms, yet there was distension and a great deal of flatus. I gave Phosphoric acid 30th, five drops to the spoonful of water, every three hours. For about fourteen days he had ten drops of the ordinary drug store Phosphoric acid to a quart of water to drink and some days he drank nearly a quart. Enemas of the normal salt solutions, three and four times daily, not only kept the bowels clear, but relieved him of enormous quantities of flatus. The only nourishment he had for twelve days was the liquid peptonoids, two tablespoonfuls in a small teacup of water, every three hours. He made a good recovery.

Phosphorus

Was given when there was a dull headache for a few days, followed by a stupid condition. The nurse and family thought the patient could not hear, and told me that it was only by speaking very loud or punching the man that they could get his attention. Please note that there was no time the attention could not be obtained while under Phosphoric acid. The patient soon reached such a condition that he could not respond. The Phosphorus patient had no distension of the abdomen, no flatus such as ge observed under Phosphoric acid. I had good results from Phosphorus in the case of a worn-out school teacher and also in the case of two over-worked business men.

Arsenicum

Patients have had the rapid prostration, the rapid pulse, the rapid drinking, the great restlessness, the midnight aggravation and the scanty urine which we usually find calling for the remedy; but the dark-colored, watery stools and the black sordes on teeth and tongue so characteristic of Arsenicum in this disease were not present.

Gelsemium

Patients, like those of Arsenicum, have great prostration from the very outset. The weakness is both muscular and mental. The muscles, especially the tongue tremble violently, so that the patients cannot help themselves. The mind is also weak, so that the patient talks incoherently and is confused. But the pulse, instead of being rapid like that of Arsenicum is slow and soft unless the patient moves or is moved, when it becomes rapid and irregular. The face of the Gelsemium patient is flushed, especially in the P. M., while that of the Arsenicum patient is pale and sunken.

Class II.

Male, age fifty-four, carpenter; generally rugged and healthy; was awake a good deal at night nursing his son, who had typhoid fever. About the eighteenth day of the son's illness the father began to complain of chills and sweats, which alternated; a throbbing headache, vertigo on stooping, noises in the ears, tongue became coated, stomach irritable. He refused to take any medicine; in fact, continued his work, till on the twenty-fourth day of the son's illness, while assisting the son in the use of the bedpan, the father fell to the floor unconscious and remained so for about forty-five minutes. When I reached him the pulse was 120, and weak; the temperature 99.8. He had just vomited about a pint of dark liquid. The skin was covered with a cold sweat, the tongue heavily coated, dirty white. He complained of a severe burning pain in the stomach and about the cæcum.

The next day the temperature was 99.5 in the A. M. and 100 in the evening. Two days later the temperature reached its highest point, viz., 100.9, and then declined regularly, taking only four days to reach normal. I was able to keep him in bed only eleven days. He regained his strength very slowly; in fact, has not fully recovered, although four weeks have elapsed. The pain in the stomach and about the cæcum remained till the temperature was normal.

Remedy.

The remedy was Chininum arsenicum 6x, a grain powder every three hours.

Diet.

Mutton and chicken broth, with an occasional meal of home-made beef tea.

Drink.

Equal parts of fresh milk and cold water; also, cold buttermilk. The facts are that he ordered his own food and drink.

Bathing.

He refused to be bathed oftener than every three days, but insisted on two enemas of normal salt solution daily. I have seen several such cases, which I called typhoid complicated by malarial fever, the characteristic features being chills alternating with sweat or heat.

The remedies most often called for in this class were China, Arsenic, Mercurius solubilis, Mercurius protoiodide, Arsenic, Iodine, China and Bryonia.

Differentiations.

The symptoms of Chininum arsenicum I have already given you.

Mercurius Solubilis

Helped me when the sweat was the most prominent symptom. It was an oily, profuse, sticky sweat, and yet patient would chill when uncovered. The tongue was not only heavily coated, but there were ulcers on the mucous membrane of the mouth. There was soreness of the abdomen, stools were mushy, mucous and offensive, as was also the perspiration. All symptoms worse at night.

Arsenic Iodide.

Irritable stomach, marked restlessness, chills, sweat and then a dry, hot skin; weak, rapid pulse, but my leaders were emaciation and swelling and tenderness of all the mesenteric glands.

China.

A profuse, not exhausting, sweat alternating with heat; a profuse, painless, but exhausting, diarrhœa; a throbbing headache, with sense of fullness.

Bryonia.

A profuse, musty, sour sweat, and at same time an inward coldness; a feeling as if ice water was in the blood vessels; a splitting, bursting headache and great thirst, but in not a single case was there the usual constipation of Bryonia. On the contrary, a pasty, musty, very offensive stool, resembling that calling for Mercurius solubilis, except that it contained no mucus.

Food.

This class of patients seemed to do better on beef tea, mutton and chicken broth and milk than on the alcoholic foods. They also cared less for the acidulated drinks.

Bathing.

This class enjoyed bathing, and bathing improved their condition.

Before closing, I would also state that what are called "typhoid symptoms," i. e., a rise of temperature, a slightly coated tongue and diarrhœa, complicated many other conditions, especially obstetrical cases. Rhus toxicodendron, Apis and Arsenicum were three most useful remedies in this class.

Missouri Valley Association.

THE DIFFERENTIAL DIAGNOSIS OF SMALL-POX.

BY HARVEY B. DALE, M. D., OSHKOSH, WIS.

The diagnosis of small-pox is one of the most serious problems with which the average physician has to grapple. To mistake variola for something else is to commit an unpardonable and a dangerous blunder; to isolate and quarantine something else as variola will naturally arouse the patient's ire, and subject his physician to ridicule, if to nothing worse. It takes a good navigator to avoid both Scylla and Charybdis; this is especially true at present on account of the very light and often misleading type of the disease that has prevailed in this country since the Spanish-American War. We have heard much of the so-called "Cuban itch," and some authorities have insisted that we really have a new disease in our midst. There may be an opportunity for argument on this question; but, whether or not some of the suspected cases have exemplified a new type of disease, the fact remains that some of them have been unquestioned small-pox. Furthermore, the occasional occurrence of a well-marked case of variola, directly traceable in its origin to one of these doubtful cases, constitutes strong presumptive evidence that all these have been and are examples of the one dread disease—modified, perhaps, by vaccination, environment and other possible causes of which we are as yet ignorant.

Typical variola has a so-called period of invasion, but in many of the light cases this period is practically wanting, or at least it presents so few symptoms that the patient does not notice them and does not think it necessary to call a doctor. This stage of invasion, even when it is well-marked, exhibits no symptoms that are pathognomonic, although they are sufficient to arouse suspicion, and to justify temporary isolation and quarantine as a matter of public safety. The chill, backache and high temperature constitute a suggestive trio, but all of these symptoms are present in grippe, and may be in various other maladies. When the eruption appears, however, a new light is thrown on the situation. Diagnostic dangers are at once minimized, for non-eruptive diseases can be thrown out of consideration. Twenty-four or thirty-six hours later the problem has solved itself, and the physician's mind may be at rest, even though the patient's is not.

The situation is a different one, however, in the very light type of the disease. In some of these cases no history of a period of invasion is obtainable, and the physician is obliged to base his diagnosis on the eruption alone. Naturally an opinion hanging by a single thread can not be a very positive one, nor should the physician try to make it so, if he would avoid possible discomfiture. About a year ago a doubtful case in this city was visited by six doctors, good and true, three of whom positively affirmed that the patient had chicken-pox, while the other three declared with equal emphasis that he had small-pox. The deadlock was not flattering to either side of the controversy, and various representatives of an ever inconsiderate laity made uncomplimentary remarks about the wisdom of the medical profession in general, and the diagnostic ability of these six doctors in particular. The

seventh party in this dispute was a member of the State Board of Health, who pronounced the case small-pox and ordered it quarantined. This was the only logical course to pursue under the circumstances; in fact, is the only proper course in any doubtful case, for it is vastly better to quarantine varicella than to let variola run at large.

Many of these light cases are not sick enough to stay in bed, or even in the house. Last summer one of them was corralled by a police officer in this city while walking down Main street. In this particular instance the patient was being treated by a travelling doctor for some "blood disorder," presumably syphilis, and was on his way home from said doctor's office when arrested. Within the past year three of these light cases have walked into my office. One of them was a young farmer, who had been working in the field all day, although he was well broken out from head to foot. He denied feeling sick in any way, and demurred because I promptly sent him home and into quarantine. There were some doubtful features in this case, and to tell the truth I was a little uncertain as to the accuracy of my diagnosis, but I was determined to err, if at all, on the safe side. The wisdom of this course was demonstrated soon after, for a child with whom this young man had been sleeping developed an undoubted case of small-pox of a severe type.

The only eruptive disease with which small-pox is very likely to be confounded is chicken-pox, although it is possible during the first few hours of the eruption to confuse variola and measles. Indeed, there was once a case not a thousand miles from here in which this very thing happened, and two competent physicians agreed on calling a spade a spade, when it chanced to be a club—that is to say, they decided that a severe case of measles was small-pox, and governed themselves and the patient accordingly. The patient was an adult, the disease was of a very severe type, and small-pox was quite prevalent at the time, so perhaps the mistake was only natural. The possibility of confusion is usually limited to a few hours, as the small-pox eruption rapidly becomes vesicular, and thus reveals its true character. However, only a few weeks since I was called to see a very severe case of small-pox that looked at first glance like a typical case of measles. The eruption had been out twenty hours or more, but only a few vesicles were discoverable. This patient died three days later, overwhelmed by the intensity of the poison.

The books tell us that the eruption of small-pox shows first on the face, and that chicken-pox shows first on the body. Some of the very light cases of small-pox, however, show the eruption first on the chest or the back. Indeed, the face may almost entirely escape, although this is unusual. A few months ago I saw a case in which the eruption was limited to about twenty vesicles, none of which were on the face. The history of the case showed a typical period of invasion, however, so the patient, who was a servant girl, was isolated on suspicion. She slept in an upper room in the back part of the house, and every effort was made to have the isolation complete; but a child in the house was thoughtlessly allowed to use the same water-closet that the patient used, and two weeks later this child developed a typical case of small-pox. In a case that occurred here in the fall of 1901 the eruption appeared first on the back, between the scapulæ. Otherwise this case was a typical one of small-pox of a moderately severe type.

The chicken-pox vesicle and the small-pox vesicle have certain individual characteristics, which, if the case is at all well-marked, are sufficient to distinguish between the two. The varicella vesicle appears quickly, and seems to shoot straight up from the skin. It has not an inflamed or irritated look, unless it has been scratched, or rubbed by the patient's clothing. It ruptures easily, and as it is unilocular it discharges its whole contents when opened. The variola vesicle, on the other hand, is tougher and is multilocular in structure, and therefore does not empty itself unless pierced repeatedly. In extremely mild cases of variola, however, some of the vesicles rupture very easily, and resemble the varicella vesicles closely in every way. The young farmer whom I have previously mentioned exhibited vesicles of both the types described, and the piercing of several of them with a needle threw no light on the case.

Umbilication is supposed to be characteristic of the small-pox vesicle. In very mild cases, however, many of the vesicles rupture and abort before reaching the stage of umbilication. On the other hand, chicken-pox vesicles sometimes present a flattening in the center that resembles umbilication quite closely, and demands careful study before a diagnostic opinion is formed. The appearance of vesicles on the palms of the hands and soles of the feet is also said to be diagnostic of small-pox. This symptom is without value, however, if the patient be an infant or a small child. It is also of limited importance in the adult, since failure of the eruption to appear in the localities mentioned does not by any means exclude small-pox. In some of the very light cases of variola, neither the palms nor the soles exhibit any eruption.

The eruption of chicken-pox appears in crops, so that vesicles in various stages of development and disintegration may be found on the one patient at the same time. This is quite characteristic, but should not give rise to the inference that the eruption of small-pox is everywhere uniform, for it is not. It is usually from twenty-four to thirty-six hours, and may be longer, after the first papule appears, before the last one comes out. Thus the first few, having a day or two the start of the last few, will be that much farther along on their typical course. This state of affairs, taken together with the fact that in very mild cases of variola some of the vesicles abort and prematurely dry up, makes the small-pox eruption appear far from uniform, and the diagnosis on the basis of successive crops not so simple a matter as it might seem. In fact, the attending physician can tell very little about the true status of the so-called crops at one visit, and in order to form an intelligent opinion must see his patient daily for at least a few days.

A very characteristic feature of small-pox is the persistence of the eruption, and in very mild cases, presenting no definite history of the period of in-

vasion, this is practically the one diagnostic point on which the physician can depend. Chicken-pox is evanescent in character; small-pox is more deliberate in going through its successive stages, and is several days longer in recovering. The one unfortunate feature of this phase of the question is the fact that it precludes the possibility of an early diagnosis. It is no great satisfaction to either patient or physician to know what is the matter when the disease is nearly over with, and it hurts the practitioner's pride to think that he can not form a positive opinion much earlier in the history of the case. In the existing state of medical knowledge, however, there is no way out of the dilemma. Of course this is true in very light and doubtful cases only, but much of the small-pox of recent years has been of that type. The only safe course to pursue is to isolate and quarantine on suspicion, trusting to time and careful watching to clear up the mystery.

Fox, in his recent "Practical Treatise on Small-pox," refers to the matter in these words: "The fact should be emphasized that there are cases of small-pox of so mild a character, with general symptoms so slight and eruption so sparse and ill-defined, as to make a positive diagnosis extremely difficult. . . . In all cases of doubt, whether before or after the eruption has appeared, the physician owes it to himself not less than to the patient and the community to frankly explain to the patient or his family the difficulty in arriving at a diagnosis, and to express his suspicions that the case may be one of small-pox. . . . Such a case should be as strictly isolated as if the diagnosis of small-pox were already established." This is a practical view of the situation, and expresses the matter in a nutshell. "Suspect, isolate, watch," may well be adopted as every physician's motto in these days of hybrid variola, growing opposition to general vaccination, and general popular indifference as to the real gravity of the situation. To quarantine varicella can work no possible harm other than temporary inconvenience to the individual; to permit one case of variola to run at large is to trifle with possible pestilence.

TRAUMATIC TETANUS.

BY J. B. DUNHAM, M. D., WENONA, ILL.

August 25, 1896, Mrs. Jas. McCullom, of this vicinity, called upon me complaining of a punctured wound in the sole of her foot received several days before. A careful examination showed nothing serious, but at the same time she complained of soreness of her jaws.

This symptom caused me anxiety, never having met a case of tetanus at so early a stage. A few hours later I visited her home and found evidence of traumatic tetanus involving the jaws rapidly appearing, and later involving all the muscles of the body. I called in consultation W. O. Ensign, M. D., of Rutland, Ill., an excellent diagnostician, and he confirmed my fears that I had a case of lock-jaw. The fight for life was begun under the most discouraging circumstances. The community's verdict was: Death in a few days. My able consultant had but little hope to offer, and I had no experience in this condition. However, my patient was a cool, determined woman of middle life, and I held her full confidence.

In my office at that time was my assistant and brother (since deceased), Mr. Geo. F. Dunham. He helping, everything was ransacked for curative measures. Œnanthe crocata, Hypericum, Strychnia, Chloral, Gelsemium and Arnica were among the remedies used. Serum therapy was not tried. I found, however, that a great deal depended upon the general management and nursing. At no time for five weeks was our patient left without a watchful nurse on duty, and usually two. At the end of this time our patient was convalescent, and she is alive and in good health today. She recently told a prominent citizen that if such symptoms threatened her again she thought she would commit suicide in preference to a return of that experience.

July 6, 1899, I was accosted on the road by Mr. Robert Mann, living six miles west of this city, and asked what I knew about lock-jaw.

I replied: "But little, except that one case I had attended (Mrs. McCullom's) had recovered." At his request I visited Mrs. Hartenbauer, a relative of his son, aged about forty, and found her suffering from traumatic tetanus arising from a wound of the finger inflicted some two weeks before. Her symptoms were not so severe as the first case, but the conditions as to care and nursing were not nearly so favorable. The treatment followed was along the same lines as the first case. Perfect recovery followed, but convalescence was very slow.

Two years ago a veterinary surgeon consulted me as to my cure of these cases, having at the time a valuable horse with the lock-jaw.

He followed my suggestions, and I thought no more of it until some three weeks later I met him, and he to my surprise reported that his lock-jaw case had recovered. About the same time I gave to a farmer friend the treatment previously used, as he had a valuable horse suffering from lock-jaw. This case progressed favorably, until convalescence was apparent, when the horse was left alone for a few hours, and during this time he got down and in his vain efforts to help himself was fatally injured. A post-mortem examination of the hoof showed a heavy splinter deeply buried below the surface.

My last case, Master Julian Woolf, a twelve-year-old lad, was taken ill with the first symptoms October 7, 1903. He continued about the house until October 11, 1903, when I was called to see him. His condition was then a well marked case of lock-jaw, and later involved all the muscles of the body. About four weeks prior to the first symptoms he cut a short, deep gash at the metatarso-phalangeal articulation of the great toe. This was practically well when I was called and received no attention. Patient is now fully convalescent. My treatment was based upon my previous experience, it being necessary to individualize each case.

My last report is that of a veterinary surgeon, who has during the past two weeks cured a valuable horse owned in an adjoining village of this commonly fatal malady. Too much emphasis cannot be laid upon the absolute necessity of intelligent, sleep-

less nursing. My last case almost choked to death on a few drops of sweet cider, and would certainly have died just on the eve of recovery had his father not been present and strong enough to quickly lift him out of bed and turn him over. The stomach rebelled at such treatment, and free vomiting followed, and our patient was saved; not more by the remedial measures used than by the ceaseless vigils of a devoted father and mother.

In reporting the foregoing cases the writer is aware that one robin does not make a spring, or one snowbird a winter; but having personally attended these cases of unquestioned tetanus, and all recovered, and having watched results when a similar treatment was successfully used in two out of three equines, he is led to report the above in the hope that it may encourage others to not consider their next case of tetanus hopeless, as a foregone conclusion, and thereby paralyze all efforts at saving the patient.

November 5, 1903.

Psychology.

MENTAL CLINIC.

BY GEORGE F. ADAMS, M. D.

[Before the Western New York Homœopathic Medical Society, Gowanda State Homœopathic Hospital, Gowanda, N. Y.]

Mr. President and Members of the Western New York Homœopathic Medical Society—I want to thank you for the invitation to again appear before you and conduct a clinic. Today I shall present for your consideration a number of patients suffering from a depressive type of mental derangement—some of them true types of melancholia and some others, though depressed, not diagnosed as melancholiacs.

For the sake of comparison I wish to call your attention to the working classification I have on the blackboard.

Working Classification.

(Modified from Kræplin.)

1. Depression.
   - Melancholia.
   - Confusional types.
2. Toxic types.
   - Drug cases.
3. Coarse brain lesions.
   - Apoplexy.
   - Traumatism.
4. Neurological neurosis.
   - Epilepsy, etc.
5. Degenerative dementia.
   - Præcox.
   - Senility, etc.
6. Disturbed dementia.
   - Mania-depressive.
   - Paranoia.
   - Imbecility, etc.
7. Terminal dementia.
8. Paralytic dementia.

Of the eight general divisions, only a few are among the recoverable class, and melancholia is one of the most interesting and hopeful. Just a word while the patients are being prepared.

When we take up the discussion of insanity we are confronted by the fact that there is no standard of sanity. We recognize that insanity is the opposite of sanity, but to appreciate the normal sane personality we must be familiar with the standard of environment of the personage under discussion. To arrive at a fair conclusion in any case we must know:

First—The history, the personality and the normal mental capacity of the patient.

Second—Heredity and present physical health.

Third—The present mental condition, the character of delusions and how the patient differs from his or her normal self.

With these few preliminary remarks, I will now ask the nurse to present the first case.

Mrs. O., admitted to the hospital July 29, 1903; age, thirty-two; married; born in Sweden; been in the United States twenty-one years.

Personal Narrative.

Always has been strong and well; of average intelligence; a good worker; in fact, has always worked too hard for her size and strength. She has given birth to six children, five living, and now ranging in age from eleven years to thirteen months. The youngest she has nursed until just before admission to the hospital.

During the past year she has worried over business matters, her husband being out of work a part of the time and when employed away from home, leaving the entire care of the household and five children to be attended to by her.

Hereditary History.

Negative.

Physical Condition.

Poor, weighing only 88 pounds; her usual weight being about 125. She has at times complained of feeling tired; said that she was hardly able to care for her household duties. Her appetite has been poor; she has been unable to sleep; she has no organic disease; her bowels were constipated when admitted and she had been taking very little food.

Mental Condition.

The first change in her mentality noticed by her friends was about three months before admission. She first complained of being tired, worried some about family affairs, and from this small beginning she became so unbalanced that she had to be sent to the hospital. The medical certificate says that "she has periods of excitement, followed by periods of despondency; has suicidal tendencies and believes her soul is lost forever. She said to the lunacy examiners: 'I have lost my soul and am outside of God's mercy; I am afraid my children will be just like I am.' The day she was examined she walked about the house in an excited manner and her countenance looked very worried. Her husband reported that she had been unable to sleep; she cried very loudly, screaming at times, and he also says that she had contemplated suicide."

When admitted was very disturbed and was unable to carry on a connected conversation. She told me that her soul was lost; that she could never sleep again; that she could never get well; that she was very much worse than any one else ever was, and the reason for all her trouble and sickness was because she had been so very wicked, and that she was to be punished, to be burned for all time, and that her children were to be burned because they had a very bad mother.

Patient presented; mildly disturbed, wringing her hands.

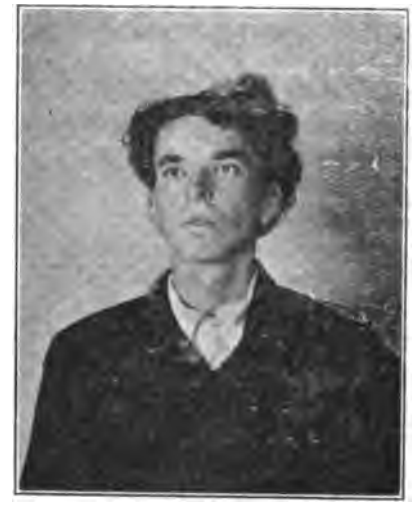
Q. How do you do, Mrs. O.?
A. No answer.
Q. Was your husband here?
A. I thought he was here, but he was not; it only seemed so.
Q. Do you know what place this is?
A. Yes.
Q. What is it?
A. Hell.
Q. Why were you taken from home?
A. Because I am a wicked woman.
Q. What did you do?
A. No answer.
Q. What can we do for you?
A. No answer.
Q. What shall I ask these physicians to do for you?
A. Ask them if I can see my children.
Q. Do you ever expect to see them again?
A. I am afraid I will never see them again.
Q. Why?
A. I am afraid they are in the fire burning.
Q. Why do you think they are in the fire?
A. Because they have such a very bad mother.
Q. Can you tell me anything that you have done; any act that you have committed that is very bad?
A. No answer.

She has been too disturbed to explain how she had been wicked, and I have never been able to obtain from her since admission any specific act that we could call her "unpardonable sin." This has been the burden of her mourning all the time she has been here. She continues to insist, when she will talk or moan or cry out, that she has been so wicked. The amount of mental anguish that this young woman has gone through no one can tell. She mourns over the terrible fate of her children. She believes that she is in hell; that she is all wrong. She has told me time and again that no one else was to blame except herself. Please notice she finds no fault with the world; all her trouble has been brought about by her own misdeeds.

I consider this patient a typical case of disturbed melancholia in the acute stage, with good prospects of ultimate recovery. Since admission she has improved in weight and general appearance. She takes a liberal amount of food, and when visited by her husband recently was almost ready to admit that she might possibly be mistaken in some of her insane ideas. In acute types of insanity we always expect to get an improvement from a physical standpoint before there is any clearing of the mental sphere. This patient has gained twelve or fourteen pounds in weight.

The next patient will be a true case of melancholia, but instead of being disturbed will be the other extreme, exceedingly quiet.

Mr. S., admitted September 26, 1903; aged twenty; occupation, student; born in the United States; parents, German Poles.



Personal Narrative.

Has always been robust and apparently was endowed with a strong mentality. While a student at the State Normal School was always able to keep up with his class work and always stood very high (averaging over 90%) in his studies, until last spring he met with his first failure in one subject. During the past summer he has been employed in the office of a real estate agent.

Hereditary History.

Free from any taint of nervous or mental trouble.

Physical Condition.

Somewhat emaciated; has lost about fifteen pounds in weight; has absolutely refused food for the last few days. No action of the bowels and a catheter has to be used to evacuate the bladder.

Mental State.

The first change in this patient's mental condition was noticed by his friends about the 1st of last August. When he returned from doing a few days'

clerical work away from home, and was questioned by his mother about his new position, he seemed to be suspicious and said: "I must not tell anybody; it isn't right," and could not be induced to explain what he meant or why he refused to take his family into his confidence. For a few days he was very quiet and preferred to be by himself, but by the end of a week apparently returned to his usual cheerful mood. He re-entered the State Normal School early in September, when he seemed to be more impressed than ever with the terrible disgrace that had been put upon him by his failure in one of his subjects. He lost flesh rapidly, refused food, passed sleepless nights, and after a few days declared that there was no use in his trying to amount to anything for the reason that he had been a total failure on account of his past misdeeds. He withdrew from school, would remain in bed a greater part of the day, could not be induced to leave the house and soon passed into a pronounced stupid state. When admitted he refused to converse, had to be led from place to place, refused to eat and would hold spittle in his mouth until it drooled over his clothes.

The patient admitted; general appearance dull and indifferent.

When questioned failed to make any reply.

There is very little to demonstrate with this young man, except I wish to call your attention to his general dull, indifferent, stupid appearance. This case of melancholia is the extreme of his type. He has improved considerably in general appearance, takes nourishment readily and at times will answer a few questions by yes or no. You notice that when he first came in he did not appear to be observing his surroundings; now he is looking about the room and listening to what I am saying about him. We have the same line of delusions in this case that we had in the last, but I do not have to call your attention to the difference in manner and behavior. Both are cases of melancholia and serve to illustrate the different types of the disease.

Question by a physician. How do you make a diagnosis and what is the prognosis in this case?

A. We have a bright family to give us an intelligent history of his early mental sickness; he has a sense of unworthiness, though he does not speak of it here; believes that he is of no use; that he is of no account; that he had made a total failure of life; that he had become wicked and unworthy to exist. His general appearance of depression, his poor physical condition, his facial expression—these are all symptoms of a type of melancholia. This is the line of diagnosis. His normal condition is bright and intelligent; he is free from physical disease; the history of his mental derangement is short; he was brought to the hospital where he can receive the proper treatment in the early stage, and we are looking forward to a complete recovery.

Mrs. J., admitted to the hospital September 3, 1903; aged, thirty-four; widowed; has given birth to three children.

Personal Narrative.

An Indian woman, living on the Alleghany (N. Y.) reservation. Said to have been a very good type of squaw; hard worker; attended to her household duties when she had a home, but her husband died a few years ago, and since then she has had a

rather difficult time in making a living for herself. Worried over sudden tragic death of her husband. We find the cause of her insanity to be heredity, overwork and worry.

Hereditary History.

Two brothers insane and committed suicide. Father and mother said to have been "queer."

Physical Condition.

No organic disease present; very constipated.

Mental State.

The commitment paper states that "she is at times excited and nervous, walking the floor and assuming a praying attitude; sleeps but little; eats very sparingly; said that she was afraid of many enemies; she felt very nervous; would go out-of-doors and pray in a loud tone of voice in the Indian language. She has radically changed in her manner in the past few days. She was a quiet, industrious woman and now she is noisy and sleepless. She has threatened to kill herself and her friends had to watch her all the time."

When admitted she was so depressed that I could obtain no history from her. Like most Indians, she is not much of a talker. She at times has wept, complained of being homesick and discouraged.

Q. How do you feel today?

A. Not very well.

She is as much inclined to smile and look pleasant today as I have ever seen her. She wears a sad expression, as you see.

Q. You do not feel as discouraged as usual?

A. No.

Q. You cried a great deal when you came to the hospital; you felt that there was no hope or chance for you?

A. Yes.

Q. Do you feel like going home again and looking after your family affairs?

A. Sometimes.

She has been until very recently quite excited and nervous, walking the floor, and expressed the idea that she did not amount to anything and probably never would on account of her bad conduct, and that she had been wicked at times. She has improved in physical appearance, manages to be more

cheerful, and, when we consider her history, is doing very well indeed.

The heredity element that is prominent in this patient's history makes her chances of permanent recovery somewhat doubtful. I think she will be well enough to go to her home and stay out of the hospital some time, but I expect she subsequently will be returned.

Miss D., admitted by transfer May 12, 1903, from Buffalo State Hospital; received at Buffalo State Hospital October, 1901; aged, forty-two; single; occupation, domestic.

Personal Narrative.

We can see from this patient's appearance that she has some of the stigma of degeneration. The medical certificate states that "she has been rather defective and imbecile. Has formerly been able to support herself by domestic labor, but for some years prior to commitment was too 'nervous' to follow any regular occupation."

Hereditary History.

No family history of mental disease; parents are said to have been relatives; degree of relationship unknown.

Physical Condition.

Not very robust, but no evidence of any organic disease.

Mentality.

At times very despondent and has been for years; says that she wishes she was dead; that she ought to die; that she must not eat; impossible for her to live a peaceful life; wandering from one subject to another; element of fear very prominent; afraid because she has not conducted her affairs properly; because of her misbehavior something terrible is going to happen. She has been noisy and disturbed for days.

Patient came in very quietly.

Q. How do you do today?

A. Oh, I don't know.

I saw her this morning and she thought people were trying to kill her, and she was worrying a great deal.

Q. Why are they trying to kill you?

A. I think I did something I ought not to do.

Q. Can you give me any idea what that was?

A. Why, I disobeyed.

Q. How did you disobey?

A. I cannot explain it.

Q. Have you disobeyed me?

A. No.

Q. Have you disobeyed the nurses?

A. No.

Q. Whom have you disobeyed?

A. I think it was my folks.

Q. How long ago did you disobey?

A. Oh, a long time.

Q. What have you done?

A. I have been so wicked at times.

A mental clinic is always a very uncertain affair. You never know just how your patient is going to act. This patient has been very disturbed, moaning and crying and insisting that she was one of the most wicked women in the world. At times she is quiet and then again she is disturbed in a similar way as the first patient. When she is in the state of worry she believes she is very wicked and has been a very bad woman, and is always perfectly willing to tell anyone who will listen all about it. She has the general characteristic line of delusions of a case of melancholia. This is a case of melancholia, but of a chronic type. Her history extends over a period of a number of years. Her defective personality from birth and the long history leading up to the full development of her delusions stamp this case as belonging to the great class of incurables.

The diagnosis of the next case was made (uncorrected) prior to admission—at least we were assured that we were to receive a case of acute melancholia. I will give you a concise statement of her case before she is brought in.

Miss V., admitted September 22, 1903; aged, sixty years; single; has been a teacher.

Personal Narrative.

Our only source of information is the commitment paper and patient, and on account of her mental state we are unable to go into details. She has been a hard worker, it is needless to say, when we are told that she has been a teacher in the public schools of a large city for forty years, a part of that time acting as vice principal. She has been a superior woman, well endowed by nature, a lady of refinement and culture. About one year ago she had to cease teaching on account of a general breakdown—tired out—exhausted. She has continued to fail slowly, but continuously ever since. Her mental derangement was noticed first about six months ago, but only for the past two months has she really, and then only at times, completely lost control of herself.

Hereditary History.

Negative.

Physical Condition.

She is very large, weighing nearly 300 pounds. She is anæmic; her muscles are soft and flabby; the urine shows a trace of albumen and some casts; the heart is hypertrophied with mitral regurgitations. In fact, her whole physical economy is rapidly breaking down.

Mental State.

Patient admitted moaning.

Q. How do you do, Miss V.?

A. Why is this?

Q. Don't you remember I told you a number of physicians were coming here to visit the hospital this afternoon, and I would like to have you see them; that your own physician was to come also?

A. I don't want to see anybody.

Here is your doctor.

A. No; that is not Dr. ——.

A few words of conversation with the visiting physician.

Q. Miss V., would you like to tell these physicians anything about your troubles, how you feel?

A. I don't believe they are interested in my affairs.

Q. Why?

A. Oh, I don't know.

Q. Can you tell me anything about the man who has been pursuing you, who has been annoying you?

A. Oh, I don't want to think about it.

Q. Do you think he is trying to make as much trouble for you as he did in Buffalo.

A. You know all about it; I guess so; I have told you this story before; I don't want to talk about it; these people are not interested in my affairs.

Very well, we will excuse you.

She apparently is disturbed in a similar way to the first case presented. Her face wears a drawn, harassed expression, but when she tells us her cause of worry we find a difference. When she related her story of hard work, ending in worry, I wish you to note the peculiar line of her thoughts. We have worry and fear, but from an outside cause. She has told me—and begs to be excused from telling you—that some one is going to do her harm; that she knows all about it because she hears them talking about it. She has very vivid hallucinations of hearing. She calls on whoever is near for protection from "that man." After a great deal of urging she informed me the man she is in such mortal dread of is a police officer of Buffalo, who is about to force his way into the hospital and assault her. She has demanded time and again that she should be examined by a physician to prove her virginity. She has been disturbed the greater part of the time since she was admitted. She has a very heavy voice that can be heard throughout the house, and has made a great deal of noise, moaning, begging and teasing for protection, frightened because of the terrible threats that she hears.

She is discouraged, depressed and so far as her general appearance and expression are concerned she is similar to the first patient, but Mrs. O. found fault with herself, and was afraid because of the wrongs she had committed. Miss V. has not found fault with herself, but has been afraid of outside matters; others were to blame. See the distinction between a true melancholiac and this case; instead of a case of melancholia we have a case of disturbed insanity that belongs in group six, with very little prospect of recovery, but a pronounced tendency to soon progress to group seven—the class that all insanities that do not recover tend towards—terminal dementia.

Mrs. C., admitted by transfer from Buffalo State Hospital May 12, 1903; born in Ireland; aged, sixty-four; widowed.

Personal Narrative

Personal narrative several years; supposed cause (though data is incomplete), general ill health. Was at one time inmate of Erie County (N. Y.) Almshouse. We know she has been hypochondriacal for years; has used opium; threatened suicide.

Hereditary History.

Nothing known.

Physical Condition.

Well nourished and able-bodied. But for her mental derangement would be considered capable to care for herself.

Mental State.

She has active hallucinations of hearing, sight and smell, maybe of taste and touch. Her thought is very self-centered; insists that she is worse off of any one here, but let her tell her story.

Q. Mrs. C., are you suffering as much today as usual?

A. Yes; I have suffered enough to be the biggest lunatic in the house.

Q. Can you tell these physicians about your suffering?

A. I have told you doctors, that is enough; I hope I am not crazy enough to bother them. They don't want to hear about me and what I have suffered, etc.

Q. Have you suffered more than any other patient?

A. Yes; a great deal more; no one can understand how sick I am.

Q. Are you satisfied with your surroundings?

A. No; I want to get out of this place.

Q. Do you think you would be better off elsewhere?

A. I don't know that I would be; I have had so many troubles all my life.

Very well, I will speak to our visitors and see what they can do for you.

You see from the vigorous manner in which this patient describes her troubles that she believes in herself thoroughly. She is annoyed by her hallucinations and insists that she is in need of constant medical care. She wears a worn and haggard expression and from all appearances, so far as the casual observer is concerned, she is a most advanced and pronounced case of melancholia. She is depressed to a certain extent, but not a true case of melancholia. She has been a constant fault-finder with the physicians, nurses and patients; in fact, with everybody that she comes in contact with, because they do not do right.

Mrs. A., admitted to the hospital August 28, 1903; age, forty-six; occupation, housewife; married; no children.

Personal Narrative.

At age of twenty is said to have had "nervous prostration;" sick and nervous for more than a

year; since then she has averaged to enjoy good physical health.

Hereditary History.

Father insane and never fully recovered; caused by excessive use of alcoholic stimulants. Patient was born only sixteen months prior to the date of her father's commitment to an insane asylum.

Mental State.

At times very disturbed; has hallucinations of sight and hearing; talks to the false voices and frequently her conduct is governed by what the voices tell her to do or not to do. Worries a great deal; has been losing in weight; twice attempted suicide, once by cutting her wrists and once by taking carbolic acid. Can at times make a distinction between the true and false ideas she entertains. As she will tell you, the voices are very hard to resist; that when she hears the voices talk to her she feels that she must act as they tell her to do; that the voices are sometimes from one person and sometimes from another. Admits that she at times realizes the falsity of the hallucinations, but cannot always resist the controlling influence they exercise over her.

Patient came in very quietly.

Q. How do you feel today?

A. About the same.

Q. When admitted, you felt very discouraged?

A. Yes.

Q. Yesterday afternoon and last night you felt discouraged; you remember you told me about it?

A. Yes, I did.

Q. You hope to get well and expect to, don't you?

A. The voices tell me sometimes I will get well and sometimes that I will not.

Q. Where do these voices come from, your friends or enemies?

A. From my enemies, of course.

Q. Do you sometimes do what the voices tell you to do or not to do?

A. Sometimes.

Q. You realize that they are not always real voices?

A. Sometimes I do, but they seem so real that I cannot always distinguish.

One principal reason why I brought this patient before you is on account of the interesting hereditary history that she has. Please remember if you ever send us a patient to give us as good a history as you possibly can; the more detail the better. This patient was born only sixteen months prior to the date of her father's commitment to an insane hospital, and without doubt at the time she was conceived her father was something of a sot.

The prognosis in this case you can easily imagine. She has been insane three years; she believes that people are conspiring against her; that she has numerous enemies; she has been so persecuted that she has twice attempted suicide, not that she was dissatisfied with her life or that she was wicked and to make a sacrifice to appease the will of the Almighty, as we might suppose. The reason she made these attempts, as she has told me, was not because she was wrong, but that her enemies told her that she must, and she tried to act as they told her to do. Her own ego is all right, but controlled by outside influences; the world is wrong; she herself has done no harm, has committed no sin.

Mr. N., admitted to the hospital June 19, 1901; aged forty-one; single; occupation, woodcarver.

Personal Narrative.

A man of ordinary intelligence; a good woodcarver and always earned good wages. Received an injury to the bone of his right leg several years ago; has suffered at times a great deal of pain; has resorted to morphine for relief of his suffering.

Hereditary History.

Negative.

Physical Condition.

Poorly nourished; quite lame and has to walk with cane; has slight discharge from an old scar on right thigh.

Mental State.

Appears very depressed; admits he is discouraged; seldom converses with any one.

Patient came in quietly.

Q. How do you do today, Mr. N.?

A. As well as usual.

Q. Do you believe that you are competent to follow your regular occupation?

A. I think so.

Q. Why have you been unable to get something to do?

A. I don't know.

Q. You remember the conversation I had with you yesterday about this matter, and you told me that people were conspiring against you to keep you from working at your trade?

A. Yes.

Q. Is that so?

A. I think so.

Q. You felt discouraged over this condition of affairs?

A. I did.

Q. You feel on friendly terms with the people here?

A. Yes.

Q. If those who are conspiring against you would mind their own affairs you think you would get along better?

A. It seems so to me.

Q. Would you like to tell these physicians anything about your troubles?

A. No.

He is usually almost a perfect picture of despair so far as facial expression is concerned. I have not seen him look so pleasant and come so near smiling before in the two years that I have known him as he appears today. Have we a case of melancholia? When he describes his trouble, the origin of all his discouragement, it comes from outside sources. People are conspiring against him; he has insisted upon that time and again. See the distinction from the melancholiac, whose thoughts are self-centered, and the world is suffering from his personal unworthiness. This patient is persecuted; he feels that he is correct; that he is competent and that the world is out of joint.

In presenting these patients today my object was to demonstrate to you the various phases of melancholia as illustrated by the first four and the distinction between melancholia and other forms of depression as represented by the last four. I trust that I have to a certain extent succeeded in my desire. For your undivided attention and manifest interest, I thank you.

Correspondence.

Information Wanted in Regard to Amalgamation.

Suppose that we should be amalgamated, what will they do with us? Do they not remember that they forced us out from them once; that we are a separate school from necessity, and that they made the necessity? Which school has been so modified that they can now assimilate us? Homœopathy is the same as it was one hundred years ago. Do they want to amalgamate us with or without our Homœopathy? If with it, what a humiliation to themselves; if without it, what an insult to us. Is it possible that it is expected that we nominally abandon it, but in reality retain it? Everything goes in "regular" practice, everything except Homœopathy. Do they want us because they recognize Homœopathy as a part of medical practice, good and right as far as it goes? Do they recognize the great utility of the homœopathic system and desire to make use of it without the need of adopting the distinctive name? Are any in the "regular" school deterred from a thorough study of Homœopathy for fear that they will become Homœopaths? Is it posssible that they want to amalgamate us simply to destroy our distinctive name? If we lose this name will not another distinguishing name become necessary? Suppose that we should be accepted with our belief in similia and continue to practice accordingly, will it not be necessary to still distinguish us as a sect? And if a sect, I repeat the question that I commenced with, what will they do with us? To save the trouble of another expulsion perhaps we had better not be amalgamated. H. W. Champlin.

Societies.

COMING MEDICAL MEETINGS.

Louisiana Hahnemann Medical Association, Wednesday, January 13th.

Rhode Island State Homœopathic Society, Friday, January 8th.

Cincinnati Homœopathic Lyceum, Wednesday, January 13th.

New York County Homœopathic Society, Thursday, January 14th.

Homœopathic Medical Society of Chicago, Thursday, January 21st.

New York Homœopathic Materia Medica Society, Wednesday, January 20th.

Homœopathic Medical Society of Philadelphia, Thursday, January 14th.

UNION CLINICAL SOCIETY.

The Union Clinical Society, composed of homœopathic physicians of Shelby and Miami counties, met with Doctor Rosenberger, of Covington, December 4, 1903.

Dr. J. A. Ferree, of Sidney, reported the case of a man with precordial pains and distress in the right iliac region of twenty years' standing relieved by rectal and urethral divulsion and minor surgery of the hæmorrhoidal inch.

Dr. Means, of Troy, said in discussing the paper, "When I examine a chronic case that has been the rounds of physicians I am satisfied that I will find one of two conditions, malignancy or chronic congestion, and rectal divulsion is one of the best methods of curing these congestions which in this case was portal."

Dr. Coffeen, of Piqua, thought that nerve impingement and not congestion was the cause of the many symptoms found in chronic cases of this sort. He spoke of a patient with coldness of the right thigh from the hip to the knee following an operation for hæmorrhoids. A chance stitch had constricted a stray nerve. The stitch was cut, the frigorific nerve relieved and the symptom vanished.

Dr. Hetherington reported a case of persistent singultus instantly and permanently relieved by anal divulsion. He also said that Conium 3x would re-

lieve spasmodic urethral stricture, but lower dilutions had invariably failed.

Dr. Rosenberger said that Sulphur high was the prince of remedies for irritable rectums.

The potency question was discussed and much said for higher dilutions.

After a most tempting lunch served by the host and his estimable wife a trolley was taken for homes and hearthstones, where the fire logs seemed to glow the brighter for the two hours spent in the home of our life-long friend in the "country of the Miamis."

A. W. R.

NORTHWESTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The eleventh annual meeting of the Northwestern Ohio Homœopathic Medical Society was held in Toledo, Tuesday, December 9th.

Dr. Myron H. Parmelee, of Toledo, occupied the chair. The program was one of the most practical that could be devised for a society meeting convening for a day, and its periods were carried out to the letter.

The morning session was devoted to business and the reading of three papers. One on "Difficult Dentition," by Dr. A. W. Shafer, of Tedrow; one on "Infant Mortality," by Dr. Z. W. Shepherd, of Toledo, and one on "Materia Medica Notes," by Dr. C. Zbinden, of Toledo. At 11:30 the society adjourned to the Toledo Homœopathic Hospital in a special car, where for two hours in the various operating rooms of that well-equipped institution operations were made by Drs. McVay, Parmelee, Maxwell and Barnum, of the hospital staff. These operations consisted of exploratory incisions, hysterectomies, operation for fixation of kidneys, ovarian operations, etc. The entire feature of the clinical work at the hospital was an inspiration to the visiting members. A luncheon was served and the company returned to the place of meeting.

President Parmelee's Address.

The president's address was a brief one; it was not especially the soul of wit, but it was the incarnation of what we need most in Homœopathy. It was an address containing two ideas that stood out with prominence, namely, loyalty and organization. He believes that a Homœopath should not be afraid to display on his sign the words "Homœopathic Physician and Surgeon;" that instead of being ashamed we should be proud of this title, and always put it forward when we can do so with becoming modesty and unobtrusiveness. He believes that organization is the second duty we order to the cause; that small societies should be organized wherever there are centers large enough to have a half dozen Homœopaths about them. To all of which the Medical Century says Amen in its most fervent manner.

"Medical Therapeutics in Gynæcology" was the title of the next two papers, by Dr. Humphrey, of Toledo, and Dr. L. T. Gill, of Gibsonburg. They will appear soon in the Medical Century. The discussion on these papers was opened by Dr. W. A. Dewey, of Ann Arbor.

Dr. Clara S. Gillard, of Port Clinton, read an admirable paper on the physical condition of the women of today, advocating its betterment by physical and hygienic measures. It was a practical paper, and the writer was deservedly complimented thereon. It was ably discussed by Dr. H. F. Biggar, of Cleveland. Dr. T. G. Barnhill, of Findlay, also spoke.

The Bureau of Nervous Diseases opened with the phesentation by Dr. J. R. Horner, of Cleveland, of a case of functional spastic paraplegia with exaggerated reflexes, in which Lathyrus sativus was recommended. Dr. L. K. Mavwell, of Toledo, read a practical paper, and Dr. C. E. Sawyer, of Marion, read a thorough paper on electricity.

In the Bureau of Surgery papers were read by Dr. Dean T. Smith, of Ann Arbor, on "Iodoform in Bone Cavities," and Dr. N. T. B. Nobles on "The Conservative Surgery of the Extremities," which concluded the program.

The Dinner.

Promptly at 5:30 the guests arrived at the St. Charles, where a fine course dinner was served. It was tendered the society by the physicians of Toledo, and nearly eighty enjoyed the feasting, after which President Parmelee, as toastmaster, introduced the speakers. Dr. R. S. Copeland, of Ann Arbor, responded in his usual happy vein to the toast, "The Doctor as a Help to the World's Progress." He scored in a deserved manner those physicians of the homœopathic school who send their sons and students to allopathic schools, arguing that if our homœpathic schools were not good enough for them it was their duty to make them good enough. "The Trained Nurse" was responded to by Miss Mabel Kent, superintendent of the Toledo Homœopathic Hospital, as follows:

Mr. President, Ladies and Gentlemen.

"Since the world began there has been need for nurses and nursing, and so long as this earth lasts and life is made up of joy and sorrow, sickness and health, and the ultimate end of all mankind is death, just so long there will ever be a greater and increasing need for the tender hand which only the nurse can give.

"Be it anywhere from birth to senile decay, love and affection has been and always will be the soothing refuge for principal distress, but this is not enough; love must be tempered by knowledge, the hand must be taught its cunning, the head must rule the heart for humanity's sake.

"This niche in the world only a woman can fill. It is ours by inherent right. From the little girl crooning over her dollie, through girlhood, womanhood, to the mother with the first born in her arms, it is our highest privilege and most glorious crown.

"Hence out of this world's necessity, from hospitals and schools, there has emerged this new profession, the doctor's hand-maiden; his eyes, ears, touch, an alter ego during his absence, learned in a new science, combining with the womanly qualities of love and affection those of skill, knowledge and experience—the trained nurse."

Dr. J. H. McVay responded to "Doctors at Play." Mr. H. P. Crouse, of the Toledo Press, to "Impressions of Doctors" and Rev. A. M. Hyde to "Ministers' Impressions of Doctors."

Among Those Present.

Drs. H. F. Biggar, N. T. B. Nobles, H. D. Bishop and J. Richey Horner came from Cleveland; the Doctors Gillard, from Port Clinton; Drs. C. E. Sawyer, of Marion; C. K. Connard, of Mt. Vernon; R. S. Copeland, Dean T. Smith and W. A. Dewey, of Ann Arbor, Michigan; Mabel F. Dixey, of Fremont, and nearly the entire homœopathic force of the towns adjacent to Toledo, as well as the city representatives, were present. There was a good attendance. It was a good meeting with a good promise for the future.

BOOK REVIEWS.

The Medical News' Visiting List

For 1904. Lea Bros. & Co., Philadelphia, Pa.

This is the eighteenth year of the issue of this convenient list. It meets the requirements of every practitioner. It contains, too, a mint of information, dose tables, poison antidotes and items for quick reference for the physician.

Anatomy.

A Manual for Students and Practitioners. By Henry E. Hale, M. D. Lea Bros. & Co., Philadelphia and New York.

More than the mere essentials of human anatomy are presented in this volume. It is a complete anatomy in itself, and a more useful book for the student or for the practitioner who has to prepare for State boards does not exist. As an old teacher of anatomy we recommend it.

A Manual of Hygiene and Sanitation.

By Seneca Egbert, A. M., M. D. Lea Brothers & Co., Philadelphia. Third edition.

The fundamental principles and facts of hygiene and sanitation based on American practice are set forth in this volume. This edition, which embodies all the development of the subject, is a third larger than the original edition of five years ago. It is up-to-date, concise and a book that the physician will do well to familiarize himself with if he wishes to keep abreast of the times in the most important branch, preventive medicine.

Sally of Missouri.

By R. E. Young. McClure, Phillips & Co.

That this book will interest our readers goes without saying. Miss Young's long connection as business manager of the Medical Century, making therefrom her debut into the world of letters, will be remembered pleasantly by many of our subscribers. This, however, is an aside. The real merit of the book and the interest the gifted author has put into it, the air of Missouri that breathes full-chested all through it, the delicate touches of humanity, will all appeal to the reader. It is a tale of Missouri, in the southwestern part. Its sketches of character are artistically drawn, and the heroine of the story, Sally, is a girl after our own hearts. We like Sally. We would even have taken stock in her mine, and we are proud to claim her gifted author as one of the Medical Century school.

Clinical Treatise on Disorders of Metabolism and Nutrition.

The Acid Intoxications. By Dr. Carl Von Noorden, New York. E. B. Treat & Co. 1903.

This is the fourth volume of the series, the others having been reviewed in the Medical Century, and deals with the over-production of acid in the system. It is the most important volume of the series and physicians will do well to give it a careful reading.

Wathen's Epitome of Histology.

A Manual for Students and Physicians. By John R. Wathen, A. M., M. D., Professor of Surgery, Etc., formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12m, 220 pages, 114 illustrations. Cloth, $1.00, net. Lea Brothers & Co., publishers, Philadelphia and New York. 1903.

This is a compact compendious teaching manual of histology. It contains a remarkable amount of material in a small space. It is well illustrated and the most important points for the student are included. A special chapter has been added on the technique of preparing and staining tissues. It is a most welcome addition to the subject of histology.

Saunders' Medical Hand-Atlases—Atlas of the External Diseases of the Eye.

By Prof. Dr. O. Haab, of Zurich. Second edition, thoroughly revised. Edited, with additions, by G. E. De Schweinitz, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania. With 98 colored lithographic illustrations on 48 plates, and 232 pages of text. Philadelphia, New York and London: W. B. Saunders & Company, 1903. Price, $3.00, net.

This Atlas on External Diseases of the Eye forms an excellent companion-book to Professor Haab's "Atlas of Ophthalmoscopy and Opthalmoscopic Diagnosis," and is just what might be expected from an author of such broad clinical experience and trained observation. Starting with examination of the eye the student is easily and gradually led from one examination to another, thus becoming familiar with the best methods of investigating the eye for the detection of disease. In the chapters on diseases of the eye which follow, the most important diseases are clearly described and the best therapeutic measures recorded. The text has been amply illustrated by a series of beautiful chromo-lithographic plates, to each one of which a clinical history is appended. This second edition has been thoroughly revised and brought down to date, and a number of new chromo-lithographic plates added. As in the first edition, valuable editorial comments are introduced, and reference made to many of the modern therapeutic agents.

Practical Medicine Series of Year Books.

Vol. X., Skin and Venereal Diseases, by W. L. Baum, and Nervous and Mental Disease, by H. T. Patrick. September, 1903. Year Book Publishers, 40 Dearborn street, Chicago.

This volume of 230 pages contains the abstracts of the literature upon these subjects during the past year. These different volumes on the different subjects of medicine and surgery present the recent literature in a very desirable form.

The Praxis of Urinary Analysis.

By Dr. Lassar-Cohn, of Konigsburg. Translated by H. W. F. Lorenz, of the University of Pennsylvania. New York, John Wiley & Sons. 1903.

This little work is urinary analysis presented by a practical expert in a most concise and practical way. Especial attention is given to the production and use of pathological urines. It is a handy, useful volume.

Functional Diagnosis of Kidney Diseases.

By Drs. Casper and Richter, of the University of Berlin. Translated by Drs. R. C. Bryan and H. C. Sanford. Philadelphia: P. Blakiston's Son & Co. 1903.

This work was written with especial reference to renal surgery, and to those who practice it it is invaluable. The diagnosis of affections of the kidney requiring operation is at best a delicate operation, but it is rendered easier by this book, which presents the subject in a condensed and practical style.

Disease of the Nose and Throat.

By C. H. Knight, Professor of Laryngology, Cornell University Medical College. P. Blakiston's Son & Co., Philadelphia. 1903.

This volume of over 400 pages will be found to contain the usual diseases of the nose and throat, which has formed the basis of the author's lectures. One of the most important features of the book is the conservatism in handling the different subject. This is a rare feature in specialty writers, but it will add to the value of the work.

The Autobiography of a Thief.

Recorded by Hutchins Hapgood. Fox, Duffield & Co., 36 East 21st street, New York. Price, $1.25. 1903.

Besides being an entertaining volume it is instructive to the physician, in that it gives an insight into life on the lower east side of New York, circumstances which lead up to the opium habit and some of the evils of our asylums for the criminal insane. The book is a readable one, presented in the own language of the thief, and faithfully recorded by Mr. Hapgood. It will furnish entertainment and no small amount of new ideas to any medical man.

A Text-Book of Surgery for Students and Practitioners.

By George Emerson Brewer, A. M., M. D., Clinical Professor of Surgery at the College of Physicians, Columbia University, New York. Illustrated with 280 engravings and 7 plates in color. Lea Bros. & Co., New York and Philadelphia. 1903.

The author seeks to supply a need of "a comprehensive yet abridged text-book on surgery," one that presents clearly the accepted modern views of surgical pathology and treatment. Herein are given the essential facts in practical surgery. It is a volume of over 700 pages, handsomely illustrated and well arranged for study and for reference, and from what chapters we have read it appears to be all the author claims for it. Of course, nothing but the surgical treatment is given, and the teachers in our own school who adopt it as a text-book will have to supply the remedial treatment, which is of universal importance in the treatment of surgical diseases. It is a work deserving a large sale.

The Latin Grammar of Pharmacy and Medicine.

By D. H. Robinson, Ph. D., with an introduction by L. E. Sayre, Ph. M. Revised by Hannah Oliver, A. M. Philadelphia: P. Blakiston's Son & Co. 1903.

The fourth edition of this work is replete with new features, which increase its effectiveness. The chapter or prescription writing will commend it to medical students, who have either forgotten or who never knew their Latin. Moreover it is an excellent book to have to refresh the memory of the Latin terminations. Throughout the book are special words and phrases which the medical student will run across all through his course of medicine. Attention is also given to the derivation of botanical Latin names. Altogether it is a good work to have.

Organic Nervous Diseases.

By M. Allen Starr, M. D., etc. Lea Brothers & Co., Philadelphia, Pa. 1903.

This is a new work on nervous diseases by Professor Starr and represents the very latest and very best there is in the neurological field. Few departments of medicine exist in which more progress has been made during the past ten years than in neurology. This volume consists of the experience of a master of the subject for over twenty years, and its special feature consists of making clear the principles upon which the location and diagnosis of nervous diseases rest. The book is finely illustrated with 275 engravings in the text and 26 plates in color and monochrome. It is a most valuable addition to our bibliography of nervous disorders, and we can heartily commend the work to the attention of our own neurologists and students of our colleges.

A Manual of the Practice of Medicine.

By A. A. Stevens, A. M., M. D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes' Hospital; Fellow of the College of Physicians, of Philadelphia, etc. Sixth edition, thoroughly revised, enlarged and reset. Handsome post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Flexible Leather, $2.25, net.

The popularity of this manual on the Practice of Medicine can be attested for by its numerous editions. The work covers completely the ground gone over by the student, especial stress being laid on diagnosis, differential diagnosis and treatment. Each disease is treated in a concise, clear and scientific manner, and the reader can not fail to grasp the author's meaning. This sixth edition has been entirely reset and greatly enlarged, without changing, however, the original style of the work. Many articles, notably those on Diseases of the Digestive System, Diseases of the Myocardium, Malaria, Diseases of the Blood, Gout, Diseases of the Spinal Cord and Larynx, have been entirely rewritten, thus bringing the work absolutely abreast the times. After a careful examination we can unhesitatingly recommend this book to students.

Nervous and Mental Diseases.

By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M. D., President New York State Commission in Lunacy; Chief of Clinic, Department of Nervous Diseases, College of Physicians and Surgeons, New York. Fourth Edition, Thoroughly Revised and Enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00, net; Sheep, or Half Morocco, $6.00, net.

This is the fourth edition of this excellent work in as many years. The revision, indeed, has been thorough, all the latest knowledge on the subjects having been incorporated, including the recent work regarding the healing of nerves. The subject of Intermittent Limping, now definitely known to depend upon a lesion of the posterior root ganglia, and Herpes Zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called Combination Disease. Further importance has been given to symptomatology and symptomatic disturbances, and the diagnostic value of astereagnosis and of Kernig's Sign has been elaborated.

We also find that there have been added a large number of new and excellent illustrations. A useful addition to the portion of the book devoted to Insanity is a new section consisting of a critical review of the German Schools which have recently made such important advances in psychiatry.

In many ways this work will be found of unusual assistance, not only to the specialist but also to the student and general practitioner.

The American Illustrated Medical Dictionary.

For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopædic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc., etc. By W. A. Newman Dorland, A. M., M. D., editor of the "American Pocket Medical Dictionary." Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Price, $4.50, net; with thumb index, $5.00, net. Third Edition, Thoroughly Revised.

The rapid exhaustion of two large editions cannot but be a gratifying proof to the editor and publishers that this excellent work meets the varied needs of physicians and students better than any other dictionary on the market.

In this the third edition several hundreds of new terms that have been added to the vocabulary of medical sciences have been incorporated and clearly defined. The entire work, moreover, has evidently been subjected to a careful revision, and many of the tables, notably those of Acids, Bacteria, Stains, Tests, Methods of Treatment, etc., have been amplified, and their practical value greatly increased. It is only by such constant and careful revision that a medical dictionary can hope to reflect the progress of medical science, and the usefulness of this work by this present revision has been very largely extended.

A Text-Book of Obstetrics.

By J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., F. R. S. E., Professor of Obstetrics and Gynæcology, Rush Medical College, in Affiliation with the University of Chicago; Obstetrician and Gynæcologist to the Presbyterian Hospital, Chicago; Obstetrician to the Chicago Lying-in Hospital and Dispensary, Chicago, etc., etc. Handsome octavo volume of 767 pages, with 383 illustrations, 23 in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00, net; Sheep, or Half Morocco, $6.00, net.

This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described more fully and lucidly than in any other text-book we have seen. The exposition of these sections is based mainly upon studies of frozen specimens, in which department the author has had a larger experience than any other worker. Unusual consideration is given to embryologic and physiologic data of importance in their relation to obstetrics. The practical aspects of the subject are presented in such a manner as to be of direct assistance to the clinician. Diagnosis and treatment are presented with rare exactitude and clearness, particular consideration being given to those methods that have proved most successful by experience. The illustrative feature of the work is far above the average. Evidently great care was taken in the selection of the illustrations, aiming to meet the varied requirements of both the undergraduate and the practicing physician. Many of the illustrations are entirely original, having been made especially for this work, and never having appeared in any other text-book. The work throughout expresses the most advanced thought of the day, and the statements can be relied upon as accurate. We heartily recommend Dr. Webster's book to student and practitioner.

A Text-Book Upon the Pathogenic Bacteria.

For Students of Medicine and Physicians. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia Hospital and to the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 629 pages, fully illustrated, a number in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $3.50, net. Fourth Edition, Rewritten and Enlarged.

This work gives a concise description of the technical procedures requisite in the study of bacteriology, a brief account of the life histories of the important pathogenic bacteria, and sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. Although but a short time has elapsed since the ap-

pearance of the previous edition, such rapid strides have been made in the subject of bacteriology, especially in its relation to pathology, that the author deemed it necessary to rewrite the work entirely. All the old matter has been eliminated, much new matter is in evidence, and, in fact, the subjects treated have been brought precisely down to date. What impressed us most were the chapters upon Infection and Immunity. All the new facts recently added to our knowledge of these subjects can here be found. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. These have been thoughtfully chosen, and, in nearly all cases, give the sources of the original descriptions of the micro-organisms treated, and the important methods described. Another valuable addition is a bibliographic index containing the names of over 600 authors. Altogether the work in its new edition is very commendable, and practitioners and students will find it of unusual value.

Clinical Examination of the Urine and Urinary Diagnosis.

A Clinical Guide for the use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M. D., formerly Instructor of Chemistry, Harvard University Medical School, Boston; Assistant in Clinical Pathology, Boston City Hospital, etc. Second revised edition. Handsome octavo volume of 418 pages, illustrated, including 11 plates, 9 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $3.00, net.

The aim of this work is to present in as concise a manner as possible the chemistry of the uterine in its relation to physiologic processes; the most approved working methods, both qualitative and quantitative; the diagnosis of diseases and disturbances of the kidneys and urinary processes. It is a work eminently in demand, since most of the books on the urine are devoted exclusively to urinary chemistry, a knowledge of urinary diagnosis being obtainable only by an extended search through works on medicine, surgery, pathology and chemistry.

In this, the second edition, special effort has evidently been directed toward making the text complete and bringing it absolutely down to the present day advances in the subject. Important changes have been made in Part I, especially in connection with the determination of Urea, Uric Acid and Total Nitrogen; and the subjects of Cryoscopy and Beta-Oxbutyric Acid have been given a place. The changes in Part II, while not so extensive, are nevertheless numerous and practical, and show that the author has spared neither pains nor time in making the revision thorough. It is a good book, and both student and practitioner will find it a valuable aid in their clinical work. We recommend it.

A Text-Book of Operative Surgery.

Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar. M., M. D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans, etc. Handsome octavo of 984 pages, with 559 illustrations, entirely original. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $6.00, net; Sheep, or Half Morocco, $7.00, net.

This work completely covers the surgical anatomy and operative technic involved in the operations of general surgery. It is constructed on thoroughly new lines, the discussion of the subject being remarkably systematized and arranged in a manner entirely original. A feature of the work to which we would call especial attention, and for which alone it is well worth the price, is the wealth of magnificent illustrations. There are 559 of them, all entirely original. They depict the progressive steps in the various operations detailed with unusual clearness, and at the same time represent the highest artistic excellence. The text is fully abreast of the latest advances in surgery, all the recent improvements along the line of technic being adequately discussed. Another feature distinguishing it from other works on operative surgery is the treatment of the anatomic side of the subject in connection with the operative technic. The illustrations will be found of particular assistance in this connection, the muscles, bones, etc., being clearly indicated, together with the lines of incision. It is a magnificent work, and we have yet to see its equal.

A Text-Book of Diseases of Women.

By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania; Gynæcologist to the Howard, the Orthopædic and the Philadelphia Hospitals. Handsome octavo volume of 675 pages, sumptuously illustrated with some 650 mostly original illustrations, many in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, $5.00, net; Sheep, or Half Morocco, $6.00, net.

This latest work of Dr. Hirst's is on the same lines as his "Text-Book of Obstetrics." As would be expected from a practical teacher, diagnosis and treatment have been given particular attention. The palliative treatment, as well as the radically operative, is fully described, enabling the general practitioner to treat many of his own patients without referring them to a specialist. A feature which specially impressed us is the thorough manner in which the author has treated the modern technic of gynecic surgery. An entire section is devoted to a full description of all modern gynæcologic operations, illustrated and elucidated by numerous photographs taken especially for this work. The author's training in the subject of diseases of women has been like that of the specialists in the Teutonic countries of Europe, where gynæcology has reached the highest level of perfection, namely, specialization in the diagnosis and treatment of diseases of women has followed a thorough training in the recognition and treatment of the complications and sequels of childbirth. This special training is evident throughout the entire work in the careful and thorough manner in which the subject is treated. The many illustrations are the most magnificent we have ever seen. With but few exceptions all are entirely original,

having been reproduced from photographs and water colors of actual clinical cases accumulated during the past fifteen years. We must heartily congratulate Dr. Hirst and his publishers upon the production of such a magnificent work.

A Text-Book of Diseases of the Eye.

A Handbook of Ophthalmic Practice for Students and Practitioners. By G. E. De Schweinitz, A. M., M. D., Professor of Ophthalmology in the University of Pennsylvania, etc. Fourth edition, revised, enlarged and entirely reset. Octavo volume of 773 pages, with 280 text-illustrations and 6 chromo-lithographic plates. Cloth, $5.00, net; Sheep or Half Morocco, $6.00, net.

This book has attained its fourth edition, which is sufficient proof of its deserved popularity. Written in the hope that it would prove of service to both students and practitioners, it has more than fulfilled all expectations. The methods of examining the eyes and the symptoms, diagnosis and treatment of ocular diseases have received the largest share of attention. The subject matter has been given in greater detail than is customary in books of its scope, doubtless because the author, being a teacher of wide experience, recognized more fully than others the knowledge requisite for the successful practice of ophthalmic science. In this new edition the text has been thoroughly revised, and the entire work has been reset, many new chapters have been added, such as Thomson's Lantern Test for Color-Blindness; Hysteric Alopecia of the Eyelids; Metastatic Gonorrhœal Conjunctivitis; Grill-like Keratitis (Haab); the so-called Holes in the Macula; Divergence-paralysis; Convergence-paralysis, and many others. A large number of therapeutic agents comparatively recently introduced, particularly the newer silver salts, are given in connection with the diseases in which they are indicated. The illustrative feature of the work has been greatly enhanced in value by the addition of many new cuts and six full-page chromo-lithographic plates, all most accurately portraying the pathologic conditions which they represent. There is no question that this fourth edition will attain the same popularity as did its predecessors.

The Four Epochs of Woman's Life.

Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M. D., Author of "Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo. volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $1.50, net.

This work, written for the instruction of the laity on subjects of which every woman should have a thorough knowledge, is indeed a timely and excellent one. The fact that a second edition has been demanded in such a short time is sufficient proof that women have at last awakened to a sense of the penalties they have paid for the ignorance of those laws of nature which govern the epochs of their lives. The language used is clear and comprehensive, yet, withal, modest, and the meaning easily grasped even by those unfamiliar with medical subjects. As a further aid a comprehensive glossary of medical terms has been appended.

In this new edition the author has made some excellent additions, viz.: A section on "The Hygiene of Puberty;" one on "Hæmorrhage at the Menopause a Significant Symptom of Cancer;" and one on "The Hygiene of the Menopause." These sections make the work the very best on the subject we have seen, and physicians will be doing a real service by recommending it to their patients.

Modern Surgery.

General and Operative. By John Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome octavo volume of 1,099 pages, with over 700 illustrations, some in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00, net; Sheep or Half Morocco, $6.00, net.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The author's extensive experience as a teacher is evident throughout the entire work, the statements being clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. So many improvements, discoveries and observations have been made since the appearance of the last edition of this work that the author found it necessary to rewrite it entirely. In this fourth edition the book shows evidences of a thorough and careful revision, and there has been added much new matter. There have also been added over two hundred excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter it has been deemed advisable in this present edition to adopt a larger type page. This is a great improvement, rendering, as it does, the work less cumbersome. The book will be found to express the latest advances in the art and science of surgery. We certainly recommend it.

Diseases of the Eye.

A Text-Book for Students and Practitioners of Medicine. By Howard F. Hansell, A. M., M. D., and William M. Sweet, M. D., Professors in Jefferson Medical College, of Philadelphia. Philadelphia: P. Blakiston's Son & Co. 1903.

This is a terse, practical and comprehensive work on diseases of the eye. In it are emphasized the common affections and traumatisms. There are numerous colored plates and 256 illustrations. Drs. Holmes, of Cincinnati; Wood, of Chicago, and Reber, of Philadelphia, have contributed special chapters. It is needless to say that it is up-to-date in all its departments and the illustrations, from which so much may be learned, are of a high order of artistic merit. It is a handsome volume and a credit to both writers and publishers. We take pleasure in commending it to our readers.

Lessons on the Eye for the Use of Under-Graduate Students.

By Frank L. Henderson, M. D. Third edition. Philadelphia, Pa.: P. Blakiston's Son & Co. 1903.

This work does not embrace the entire science of

ophthalmology, but only such part of it as will be essential to the student and practitioner who does not intend to specialize in this branch. All that comes under the head of post-graduate instruction is omitted. It contains the useful knowledge of the subject, that which a student can conveniently learn during his college course. It is a small book of 204 pages, and it is worth the while of any student to procure and study it.

Pharmacodynamics and Therapeutics.

Zincum

Has its clonus, constricted throat, long drawn out contractions, without the tonicity of Strychnia, Belladonna or Cicuta.

Gelsemium's spasms are milder than Belladonna's and much of the same type, with cerebral congestion, mild delirium and sluggishness of onset and decline.

Bélladonna's are fiercer spasms, coming quickly and with violence.—[Fisher.]

Stramonium.

Nowhere else does the rage of Stramonium stand out so prominently as in puerperal mania.

I have seen the parturient fight and scream and curse and swear beyond all comprehension, and have seen her quieted by the Jimson weed.

It has a red thread of jealousy woven through its warp, the husband being the special object of its hatred and abuse. Its fury is cyclonic, its outbursts volcanic.

Its delirium is worse in the night, and the subject of its tremens sees all kinds of frightful things. Sea serpents, monsters, wild beasts, vermin, creeping and crawling things drive the patient madder than before.—[Fisher.]

Aurum.

Aurum metallicum, with its suicidal depression, gets in the lying-in chamber occasionally, but not often, until Stramonium and Belladonna have quieted the subject from her initial fury. For the vicious attempts at suicide for which Stramonium and Hyoscyamus, as also Veratrum album, come into play, Aurum is not so well adapted. It is after this condition has passed, and the patient has become half well, that she feels the disgrace of her position, become morose and wishes to die.

Lycopodium also has this depression, and so has Nux.

But the Aurum subject is overwhelmed and thinks she has nothing for which to live.—[Fisher.]

Chamomilla.

In this child's friend we have an excellent remedy in a special type of cervical dystocia. Men and women are but grown-up children, and Chamomilla's sphere is not measured by moons.

If the cervix is hot and unyielding, the patient wildly irritable and desperately sure she cannot bear another pain, if the os is hot, the genital canal exquisitively sensitive to the finger, if the woman is all strung up into a bundle of exaggerated sensibilities, Chamomilla is as much her friend as it is that of the crying, whining, has-to-be-carried and cajoled and petted teething infant.

It is the Chamomilla in the woman that calls for it in the potency.

And it calls for it high.

I believe it was the late Dr. Brown, of Binghamton, New York, who once said at the American Institute of Homœopathy that he has never replenished his Chamomilla, refilling that particular vial, for more than thirty years, with alcohol and pellets, until he no longer had the slightest idea of what potency it might contain, and that the further away it got from the original medicine the better its effect upon those for whom it was prescribed.

This is in the line of my experience, although I have hardly gone that far. No one who has prescribed the chamomile in tincture or low potency only knows aught of its power as a remedy for good in the sick. I always give it in potentized form, rarely below the two hundredth, often higher, and with beautiful results in the nervous dystocias of the cervix and os.—[Fisher.]

Nitric Acid and Phosphorus.

Nitric acid and Phosphorus are two of the best remedies in the Materia Medica for hæmorrhage, yet medicines rarely thought of in obstetrics.

The type of the subject is the key to the prescription.

We all know the lean, lank, lethargic, sallow and stoop-shouldered, sandy-haired and freckled Phosphorus, but we forget the fiery, florid, fervent and furious Nitric acid. She has pimples, red blotches, purpuric spots. Temperamentally and physically she burns.

The Phosphorus patient is as relaxed as the Ipecac subject, but she is drier, her breathing is more catchy, she takes deep sighing breaths, and her anus relaxes.

The Nitric acid hæmorrhagic has been irritable through labor, her tissues did not relax readily, her face was almost as red as that of the Belladonna woman. Now she bleeds hot crimson blood, in spurts, will not do as bid, and chafes under efforts at her relief.

This drug has been given with benefit as an acidulated drink, and in the lower and higher potencies. I am getting further up the scale with it with benefit, but am not prepared to taboo the reasonable dose.

NATRUM MURIATICUM.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY.

There was a time in the memory of those present when it required no little daring for a member of the medical profession to stand up for the medicinal efficacy of Natrum muriaticum.

Today the "merry ha! ha!" of our friends, the enemy, has changed to a serious grimace, while we of the homœopathic school only await an opportunity to testify to satisfactory experiences with this great drug. The idea that table salt could be possessed of any importance outside the chemic laboratory or the salt shaker seemed so preposterous that we, who contended that it could cure the sick, were

looked upon as either honest fools or dishonest tricksters.

However, with advent of normal saline solution the atmosphere changed, and the "regular" practitioner found Sodium chloride worth while and incidentally gave the credit for this "marvellous discovery" to those who were not entitled to it.

And yet it does not necessarily follow that because the other fellow uses normal saline that he admits the therapeutic power of the drug for the reason that he aims at the mechanical or nutrient influence of the salt, and this is not therapeutics proper.

His failure to differentiate at this point makes it possible for him to tolerate the suggestion that Natrum muriaticum will cure the sick.

We hail the greater popularity of Natrum muriaticum because this drug, probably more than any other, demonstrates the superior curative influence of the potentized remedy over that of the crude drug.

Let a patient whose symptoms indicate Natrum muriaticum partake of salt at his regular meals, and he will fail to realize any benefit, but he goes to the homœopathic physician and receives this same substance in the potency, and is cured.

This is not because the Natrum muriaticum eaten at the table was not cracked and broken into small particles, as the Schussler theory teaches us, but rather because the drug force in the potency has been raised nearer to the plane occupied by the man-force. The well man takes on crude salt and distributes it throughout his body in normal proportions; the sick man must have the homœopathic remedy in order that he may be cured, and then he will do likewise, and not till then.

The domain of Natrum muriaticum is almost unlimited, although we are inclined to restrict it to the headache of school girls and intermittent fever. From the limited knowledge of the small boy who defined Natrum muriaticum as "that stuff that makes potatoes taste bad when you don't put it on" to the careful student of homœopathic provings this remedy is ever interesting and ever ready to do your bidding if you but give it the opportunity. It is not the purpose of this paper to tire you with a long array of symptoms, but rather to encourage you and others to a more thorough study of this great therapeutic agent.

Nevertheless there are a few cardinal points that we cannot too often repeat and which we must keep in mind if we would get out of this remedy the best that is in it.

The Natrum muriaticum patient is intensely sad and melancholy and is given to weeping on the slightest pretext.

Any attempt to console the distressed one but adds fuel to the fire and a marked aggravation is the result.

Under Pulsatilla the same condition is found, except that consolation relieves because Miss Pulsatilla is always better if she may "cry it out." One very peculiar, but positive, indication for Natrum muriaticum is that the patient persistently dreams of burglars.

The head symptoms are numerous and well-defined, whether found in school girls or anybody else.

The head feels as if it would burst from a full, pressing, bulging ache, more intense in the forehead, extending over both eyes into the temples. The head symptoms are superinduced by anæmia, differing you see from the congestion and throbbing of Belladonna, but both remedies are relieved by sitting up. The sensations just described alternate or sometimes give way to a sensation of little hammers, but the latter will be found more general throughout the head.

The anæmic headache calls to mind the fact that this remedy has anæmia of the intense type running all through its symptomatology.

Be the pathologic condition what it may, if Natrum muriaticum is to cure the case the patient must be anæmic.

Nash, in his estimable little work on Materia Medica, lays great stress upon the anæmia of Natrum muriaticum, and it is a point well taken. One of the flashlights of this remedy, and one that should be clearly remembered, is the greasy face.

Very probably there will be an eruption on this face, or, better said, an eruption that seems undecided whether it will launch itself boldly upon the face or hide itself in the hair, and you find it still procrastinating at the margin of the hair.

You may find this eruption at the margin of the hair surrounding the genital organs, and this brings to mind that no remedy has the symptom "intense itching on the scrotum" more marked than Natrum muriaticum. You are familiar with the "fever blisters" on the lips, and throughout the buccal cavity, the sensation of a hair on the tongue, and the dryness of these parts.

The thirst is so intense that it is almost unquenchable, and the former desire for bread was given way to an abnormal craving for salt.

The Natrum muriaticum patient experiences an aggravation of symptoms at 10 o'clock A. M., and especially in intermittents, where the chill begins at or about this hour, and, mark you, the chill begins below the knees and travels upward.

There is intense backache, relieved by lying on something hard, and there is marked chilliness in the lumbar region.

If a case of intermittent presents the 10 A. M. chill, the onset of chill below the knees, the peculiar thirst, and the array of back symptoms just referred to, you may without hesitation give Natrum muriaticum, and you will have to look further for a case of intermittent, provided you give the remedy in the 200th or preferably 1000th. (B. & T.)

Another strong indication for the remedy just here is the tension, soreness and stitches in the hepatic region, aggravated by leaning toward that side. It is said that the Natrum muriaticum patient experiences difficulty in urinating in the presence of others,—a symptom that we would probably find under any remedy where the patient is civilized.

There are many other symptoms under this remedy, but with the foregoing picture in your mind you may prescribe it with results that will prove eminently satisfactory to you, but keep in mind the fact that you must give it in the potencies of the higher scale and must not repeat it recklessly.

[Missouri Valley Assoc.]

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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JANUARY 1, 1904.

Editorial.

VOLUME TWELVE.

With this number the Medical Century makes its twelfth annual bow to the homœopathic profession of the English-speaking world. There are many excellent journals in the homœopathic school stamped with the impress of admirable individualism worthy of loyal pride and support, limited to this or that locality, to this or that institution. The Medical Century is something of all of them, and is grateful therefor. It stands alone in the homœopathic field; it has no rivals, no antagonists, no shackles of individualism; it is absolutely free of pharmacy, college, society, publishing house, local or other restricting entanglements. It has no limitations. Were we forced to express the field of the Medical Century in mere terms of measurement we should say it was world-wide.

There are other homœopathic periodicals older than the Medical Century; some even show the furrows and the pace of advancing years. The aim of the Medical Century is to remain always young and vigorous. Its growth has been phenomenal and far-reaching, its popularity ever growing. We thank those who have helped us in the past for their contributions, their subscriptions and their good-will. We thank our long list of advertising patrons for the courtesy shown us. They doubtless realize that we have the best there is in the school to offer them, and to keep it the best there must be no encroachment on the space rightfully belonging to the subscribers.

We make no promises for 1904 save that we shall continue to make the Medical Century, as heretofore, the great periodical of the homœopathic school.

A DIFFERENCE.

It was recently our pleasure to visit two of our homœopathic colleges, both excellent institutions and both doing good work for Homœopathy.

In these institutions it was our fortune to hear lectures and to see the work going on, and while we realize that the points we are about to touch upon are by no means evidence of perfection or imperfection in either institution, we feel impelled to give them as we found them. Our attention was especially attracted since in both institutions a kindred subject was being lectured upon, namely, diseases of the genito-urinary tract, and since the treatment in the special diseases under consideration was so at variance.

In one institution the subject was Acute Cystitis and in the other Acute Prostatitis. In one institution the lecturer was a veteran physician, with forty years of practice at his back; in the other an able young man, a recent graduate. One a man of experience, the other a man of theory. The man of experience in the treatment outlined first and foremost the action of the homœopathic remedies in cystitis giving brief practical indications for each, dilating upon their values and the class of cases wherein each would be found to be indicated. He mentioned Aconite, Belladonna, Dulcamara, Cannabis, Thuja, Silicea, Equisetum, etc. He showed the superior value of homœopathic medication in a most convincing manner. Nor was this all; to his knowledge of Homœopathy he added all the measures, prophylactic, antiseptic, palliative and surgical, that belonged to him by inheritance, tradition and right. In short, it was a practical up-to-date exposition of the manner of a homœopathic physician treating acute cystitis, showing that homœopathic treatment was paramount and that palliative measures were seldom needed and were evidences, not of the powerlessness of our system, but of our therapeutic incompetency.

The man of theory and inexperience approached the subject of treatment of acute prostatitis in a different manner. First he emphasized the palliative measures, gave numerous formulæ for suppositories containing all sorts of ingredients in common use by the allopathic school, the antiseptics and anti-acids, even to the application of leeches to the perinæum. To this treatment, which doubtless belonged to him by inheritance, by tradition and by right, he added his knowledge of homœopathic therapeutics, omitting, however, a cardinal feature of the definition, namely, an observance of the law of similars. Listen to this added knowledge: "The remedies in this affection are Aconite 1x and Gelsemium 1x in alternation!" No other remedies were mentioned, and the indications for this remarkable prescription were not, and doubtless could not be given. Setting aside the alternation of two remedies so diametrically opposed in their actions as Aconite and Gelsemium, which Prof. T. F. Allen

used to term the worst of all bad practices, one is led to ask in what way the treatment of acute prostatitis as outlined in this lecture in a homœopathic college differs from a lecture on the same subject presented in an allopathic college. Is it what students expect to get when they matriculate in a homœopathic institution? By no means. Can we soften our criticism by calling special attention to the fact that in each of the foregoing instances the subjects were of minor importance, and in each case treated of by men of unimportant positions on the faculties of the colleges in question? We think not. A chain is no stronger than its weakest link, and it is by attention to these weak points that our strength is increased. We should like to have heard of indications for Aconite, Gelsemium, Cannabis, Mercurius, Pulsatilla, Thuja, Bryonia, Digitalis, Cyclamen, etc. A scholarly resume of that excellent set of remedies for acute prostatitis found in Volume III. of the American Homœopathic Review supplanted by new discoveries of remedies for this very affection would have impressed us as proper material to present to a class in a homœopathic college. If we are to continue our system of therapeutics we have but two things to do; first, to impress our students that we have something better than they can get in old school colleges, and, secondly, to prove it to them in practice. One should be done, the other can be done.

HORACE MARSHFIELD PAINE.

It is with deep sorrow that we have to chronicle the death of another of the stalwart Homœopathists of the Empire State. Dr. Horace M. Paine, late of Albany, New York, died at the residence of his son, Dr. Clarence M. Paine, in Atlanta, on December 5th, at the age of seventy-six. We little thought scarcely a month ago, when we shook his hand and bade him good-bye at the meeting of the Southern Homœopathic Medical Association at Louisville, Ky., that it was our last farewell. He had just been to St. Louis to attend the National Federation of Examining Boards.

The history of Dr. Paine's life is the history of organized Homœopathy in New York State. He graduated in medicine in 1849, and settled soon after in Albany, where he practiced continuously until 1895, nearly half a century. From the first he was interested in organization; he was one of the founders of the New York Homœopathic Medical Society. He joined the American Institute of Homœopathy in 1850. For twenty-one years he was a member of the New York State Board of Homœopathic Medical Examiners. He was a member of thirty medical societies, and secretary of nine of them. His contributions to medical literature extend over a period of forty years. His lifelong work was devoted to the elevation of the standards of medical education and the establishment of State boards of medical licensure, and the good work done in this field has not been equalled by any physician of our school. He was never absent from a medical meeting; his work on committees was marked by that faithfulness and punctuality which made him the valued member that he was. We have known him to travel five hundred miles to attend a committee meeting that another living five miles away would have thought not worth the time or expense to attend. His work for Homœopathy was one of love and devotion, and he always did it well.

In 1899 a dinner was given him by the leading homœopathic physicians of Utica on the occasion of the fiftieth anniversary of his graduation in medicine, and a loving cup was presented him as an appreciation of the invaluable services he had rendered the homœopathic profession of the State.

He is survived by his wife, three sons, Dr. N. Emmons Paine, of West Newton, Mass.; Dr. Howard S. Paine, of Glens Falls, and Dr. Clarence M. Paine, of Atlanta, Ga.; one daughter, Miss Emily F. Paine, and one brother, John A. Paine, M. A., Ph. D., who has for many years held the position of curator in the Metropolitan Museum of Art in New York City.

Helmuth, Allen, Talcott, Deschere, Guernsey and Paine—the loss to Homœopathy in New York has been incalculable; each with a special field of work, each pre-eminent in that field, each beloved and each mourned. When we think of the devotion of Dr. Paine, his zeal, practical sagacity and acknowledged skill in originating, and his rare tact in formulating and executing the expressed purposes and objects of the various societies which he founded and developed, we stand amazed at his untiring industry and exclaim—

"When comes such another."

EDITORIAL BREVITIES.

The Meaning of "Homœopathic."

Dr. Percy Wilde, in his presidential address at the British Homœopathic Congress in 1903, says:

"The word 'homœopathic' attached to a journal or a society represents not only the work of a particular department and the study of a natural law, the truth of which has long been proved physiologically, pathologically and clinically, but it also represents a platform where every therapeutic problem may be freely discussed; where those who differ from any particular view of Hahnemann or any of his followers can freely speak their opinions and give no offence.

"The name 'homœopathic' applied to a practitioner who believes in the law of similars and who uses it as far as its own limits and the limits of our knowledge permit does not mean that he rejects any other method of treatment, but that he has guiding principles which govern his choice of any treatment or method. It implies that he is never

deterred by any difference of opinion on scientific questions from giving any help he can to his fellow-practitioner; that he accepts the fundamental principles of science as a guide to reasoning and the instincts of a gentleman as a basis of ethics, and that he regards the effort to give expression to truth as the best means of securing the honor and dignity of his profession." Let us hang out our signs as homœopathic physicians!

No Hand-Me-Down Articles.

We had occasion recently to refuse some very excellent articles, for the reason that the same had appeared in other journals; indeed, one of the writers asked us as a favor to wait until it had appeared in another journal before printing it. We can well understand that writers wish their articles in the Medical Century, but when once accepted by us we cannot understand why they should wish the same to appear in any other magazine. We get caught once in awhile; eternal vigilance is the price of a good periodical. The last article we refused appeared two years ago in one of our special journals. We were requested to publish another because some one to whom the writer had read it told him it ought to be published in every journal of the school, and he believed it.

We are always glad to get good, first-class, first-hand articles. Send us such and we will give them a wider reading than any fourteen journals in the school combined, but don't insult us by offering us second-hand goods, nor hurt the feelings of our contemporaries by so doing.

A "Faculty" Protest.

The Journal of the American Medical Association comments in a "regular" way upon the fact that the Government of Holland is strongly in favor of Homœopathy, and that to the discredit of the medical profession (sic) has invited a charlatan and Homœopath to the chair of pharmacognosy and pharmacodynamics in the University of Leyden. Of course the "faculty" protested. We have heard these protests before on the occasion of introducing Homœopathy into one of the great State universities of America. Still, they want us to join them.

Editor's Table.

GENERAL NOTES.

Dr. A. E. Austin has removed to "The Oxford," Park avenue and Fifty-eighth street.

A new homœopathic hospital, with a capacity of fifty beds, is being erected in Berlin, Germany.

Dr. F. A. Faust has removed to 116 Dale street Colorado Springs, Col.

Dr. H. F. Bishop, who was formerly assistant to the late Dr. F. A. Gardner, has located at 1330 Massachusetts avenue, Washington, D. C.

Dr. Scott F. Hodge has removed his office from 60 Clifford street to 77 Washington street, Detroit, Mich.

Blakiston's well-known visiting list comes to our table in its old practical form. It is in its fifty-third year and as valuable as ever.

Alpha Chapter of Alpha Sigma fraternity gives its annual smoker at the chapter house, 431 East Fifty-eighth street, on Friday evening, January 8th.

Dr. Henri Kruger, the well-known Homœopathist of Nimes, France, recently sustained the bereavement of the loss of his wife. We offer the doctor our sincere condolence.

Centralia and Chehalis, Washington, are good towns for a homœopathic physician. There are many other openings in Washington and other Western States.

Dr. A. Stanley Dolan, of the Southern California Homœopathic Asylum, has resigned his position as first assistant physician. Dr. Dolan will do post-graduate work in New York for a time, and on his return settle in Los Angeles.

Dr. W. W. Osgood, of Kent, Ohio, who recently made a tour of Central America or Mexico, has returned to the United States, and has located in Mobile, Alabama.

We desire to extend to Professor H. R. Arndt, editor of the Pacific Coast Journal of Homœopathy, our heartfelt sympathies in the loss of his wife, whose death occurred on October 16th.

Dr. J. H. Cowell, of Saginaw, Michigan, was elected president of the Michigan State Board of Registration in Medicine at the first meeting of this body under the new law.

There is some prospect that the San Francisco Board of Health may have a majority of homœopathic physicians in it. It would certainly be interesting to see how the allopaths would enjoy being in the minority for once.

The Alumni News Letter of the Chicago Homœopathic Medical College has some pleasant things to say of the Medical Century. It things every homœopathic physician should have the Century. Now is a good time to subscribe.

At a meeting of the Detroit Practitioners' Club, held on December 7th, Dr. W. B. Hinsdale read a paper on "Medicine, Past and Present." A discussion followed. Under the able presidency of Dr. E. J. Kendall this club is taking on renewed activity.

Dr. E. C. Buell, of Los Angeles, Cal., spent last month visiting his friends in the East, doing, incidentally, a little in the way of post-graduate observation. It was a pleasure to the editor of the Century to visit Lee's hospitable hospital in Rochester in company with Dr. Buell, and also Graham's sanitarium in the same city.

Dr. R. A. Campbell, of Ontario, Cal., recently gave us a call. Dr. Campbell is doing post-graduate work in surgery in this city and elsewhere. He has sold his practice to Dr. C. S. Orr, formerly of the Southern Insane Asylum, and will associate himself with Dr. S. S. Salisbury, of Los Angeles, on his return to California.

Four members of the committee on our prize essay have reported. We hoped to announce the decision before going to press, but find it impossible to do so. As we said before, the excellence of the

essays submitted render a choice exceedingly difficult. We shall positively announce the decision in February, and, if possible, publish the winning essay.

Exira, Audubon county, Ia., is spoken of as an excellent place for a homœopathic physician. Dr. J. M. Fulton, of Audubon, Ia., will give all the necessary information. The doctor writes that he is alone there; that the allopaths are organizing and have invited him to join, of course, at the sacrifice of his principles. He should have a good man in Exira to help him out and form a society of his own and invite his allopathic friends to join, and we hope he will call it a homœopathic society, too.

The Union Clinical Society, of Shelby and Miami counties, Ohio, adopted the following resolution at its meeting for organization:

Resolved, That the members of this society firmly adhere to the law of Homœopathy as given us by its founder, Hahnemann, and that we will not be ready to accept invitations from the members of the so-called regular school of medicine to join their societies until they recognize our law similia similibus curantur as one of the fundamental principles of therapeutics.

The Machaon Club was entertained last month by Dr. Theodore Lemmerz, of Jersey City. A dinner was given the members at the Carteret Club. Dr. Virgil W. Piatti, of Greenwich, Conn., was the guest of the evening. The doctor read a paper on "Exophthalmic Goitre" and cited four permanent cures. Dr. Henry Valentine Broeser, of Hoboken, who has used Dr. Piatti's methods, mentioned three permanent cures. Among those present were Drs. L. A. Opdyke, C. C. Clark, B. Clausen, C. Opdyke, J. L. Nevins and many others. The social features were perfect. We should have more societies, more clubs, more organizations.

It was our pleasure to meet Dr. J. Searson, of London, Eng., who recently visited this country for the purpose of investigating Homœopathy, its hospitals and colleges. The doctor visited New York, Philadelphia, Ann Arbor, Chicago and Boston, giving talks on Homœopathy in Great Britain. He takes much interest in the homœopathic materia medica and its teaching, and will carry back with him many new ideas. He was especially struck by the strength of Homœopathy in the Middle West. He is the kind of a Britisher we would like to have visit us often; in fact, we would like to have him with us always.

We note with much pleasure the forthcoming of a new work on "Diseases of the Skin," by Dr. C. D. Collins, of Chicago. The book is now in press, and will be ready by January 20, 1904. It is to be of about 500 pages, and well illustrated. The section on Materia Medica contains eighty remedies and their indications in dermatology, and over two hundred prescriptions for local applications are appended.

We congratulate the author, and extend to him the best wishes of the Medical Century in this his maiden effort in the literary field. P. H. Mallen Co., of Chicago, distributors.

NEW YORK NOTES.

BY ANNIE S. HIGBIE, M. D., NEW YORK.

The Ward's Island Metropolitan Alumni Association held their eighth annual dinner at the Hotel Manhattan, Wednesday evening, December 9th. It was a brilliant affair, and was attended by fifty of the members. Doctor George Taylor Stewart presided. It was voted that in the future no dues should be demanded, and that every graduate of the hospital is a member of the association. The election of officers resulted as follows: Doctor David J. Roberts, of New Rochelle, President; Doctor Ephraim D. Klots, New York City, Secretary; Doctor T. J. Carmichael, Philadelphia, Treasurer, and Doctor Walter Sands Mills, New York City, Historian. Doctor George Taylor Stewart in a few witty remarks introduced the toastmaster of the evening, Doctor Walter Sands Mills, who responded in his usual felicitous manner. Doctor John H. Demorest, Vice-President of the Medical Board, responded to the toast, "Doctor Egbert Guernsey." He spoke in a very impressive manner of the noble work accomplished by Doctor Guernsey as president of the Medical Board, he having held that position from its organization, September 2, 1875, until his death. Doctor Clinton L. Bagg responded "To the Medical Board" in a very humerous maner.

"The Old House Staff" was the subject of the toast by Dr. Marshall Thompson, of Brooklyn. He reviewed the history, and told anecdotes of the first house staff, of which the oldest living graduate, Dr. J. D. Madden, of Ossining, N. Y., was present at the banquet. Dr. Herbert P. Leopold, of Philadelphia, responded to "The Ladies." He claimed to have made an exhaustive study of the fair sex since his notification that he had been assigned that subject, and certainly his remarks showed wonderful powers of comprehension. "Our Foreign Representatives," given by Arthur S. Thompson, East Orange, N. J., was an interesting resume of his experience in European hospitals. Dr. Samuel Barlow Moore spoke on "The Recent House Staff," and his remarks were thoroughly enjoyed by all present. Dr. Mills then called for an impromptu speech from Dr. St. Claire K. Royle, who has just received his appointment to the medical board.

The following members were present: Drs. H. W. Foster, of Montclair, N. J.; Fleming and G. G. Jackson, of Atlantic City, N. J.; W. J. Phillips, of Cape May, N. J.; E. Everett Rowell, of Stamford, Conn.; Wakefield, of San Franciso, Cal.; Newbold, of Morristown, N. J.; Wallace, of Forked River, N. J.; Newman, of Brewster, N. Y.; H. P. Leopold and T. J. Carmichael, of Philadelphia; Sleght, of Newark, N. J.; A. F. Thompson, of East Orange, N. J.; D. J. Roberts, of New Rochelle; H. M. Bunting, of Norristown, Pa.; E. V. Moffat, of Orange; Gardner, of Caldwell, N. J.; Meeker, of Upper Montclair, N. J.; J. D. Madden, of Ossining; W. B. Breck and J. M. Thompson, of Brooklyn; G. de W. Hallet, A. L. Root, E. G. Ranking, J. B. Mickle, J. B. Palmer, A. W. Palmer, C. H. Helfrich, Wallin, G. S. Harrington, D. E. S. Coleman, G. V. Stearns, S. B. Moore, F. W. Cornwell, Strader, H. Rickaby, H. M. Lewis, M. R. Bren, J. H. Demerest, E. D.

Klots, W. S. Mills, G. T. Stewart, C. S. Bagg, C. C. Howard, C. C. Boyle, B. G. Carlton, S. K. Royle, of New York.

The regular meeting of the Medical Society of the County of New York was held in the chapter room of Carnegie Hall, on the evening of December 10th. Drs. C. E. Strong and Jane H. Sutherland were elected to active membership, and Dr. W. Kempton Browning, of Plainfield, N. J., to corresponding membership in the Society. From 8:30-9:30 was devoted to the election of officers for the ensuing year, and resulted as follows:

President, Joseph F. Land, M. D.
Vice-President, William H. Dieffenbach, M. D.
Secretary, Walter Sands Mills, M. D.
Treasurer, Edwin S. Munson, M. D.
Necrologist, John Hutchinson, M. D.
Censors, William H. Bishop, M. D., Walter Gray Crump, M. D., J. Perry Seward, M. D., Edwin D. Simpson, M. D., Irving Townsend, M. D.

Interesting papers were read by Drs. William H. Dieffenbach and Walter Gray Crump. The remaining part of the evening was devoted to reports from secretary and treasurer and from the chairmen of the standing committees.

The Chiron Club were the guests of Dr. George Watson Roberts on Monday evening, December 14th.

The Materia Medica Society met as usual with Dr. Walter Sands Mills, on Wednesday evening, December 16th.

Dr. George Iddings, of Cleveland, Ohio, and Dr. E. C. Buell, of Los Angeles, Cal., were among the visitors at the Flower Hospital during the past month.

On Friday evening, December 11th, the Alpha Chapter, Alpha Sigma fraternity, gave a farewell reception to Dr. Searson, of London, England, on the eve of his departure for home. Dr. Searson, during his visit here, joined the fraternity, and leaves many pleasant memories and warm friends. Among the guests were Dr. Eugene Porter, Dr. George Watson Roberts, Dr. Arthur B. Norton, Dr. John E. Wilson, and many of the alumni of the fraternity.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON. D. C.

The National Homœopathic Hospital Association held its annual meeting at the Willard Hotel, November 17th, at 8 P. M. The former officers of the Association and Trustees of the hospital, whose term expired, were all re-elected.

The report from the medical staff was very satisfactory; while there were fewer patients treated than last year in the hospittal, that was accounted for by there having been less sickness in the city at large. There were 601 cases treated in 44 beds. The mortality rate of the medical cases was improved over last year.

The Ladies' Aid Association also made satisfactory reports, having raised over $2,500 for the hospital in the past year.

At a meeting of the medical staff, held at the office of Dr. Macdonald November 23d, Dr. W. R. Buchanan and Dr. Edith Birney were elected to the dispensary staff of the hospital.

A meeting of the staff was also held at the hospital December 5th, at which time the present assignments to staff duty were continued for the ensuing year. Two vacancies upon the consulting staff, caused by the death of Dr. Gardner and the resignation of Dr. Gregg Custis, were filled at a recent meeting of the Trustees by the appointment of Dr. Henry Krogstadt and Dr. Richard Kingsman.

The contract for the new hospital building has been awarded to Messrs. Horton & Hemingway, of Providence, R. I., whose bid of $47,770 was the lowest received. This merely provides for the administration building, as it is the intention to add two wings later, one of which is to be known as the F. A. Gardner Memorial. The contractors have already broken ground for said building.

The Sixth Annual Meeting of the Washington Homœopathic Medical Society was held at the Shoreham Hotel, Friday and Saturday evenings, December 18th and 19th, 1903, and consisted of a Materia Medica Symposium. The meetings were largely attended, bringing out the full quota of Washington homœopathic physicians, also a number of men from Baltimore, Philadelphia, Atlantic City and New York.

The meeting was begun Friday evening with an introduction by Dr. T. L. Macdonald, who presented the speaker of the evening, Dr. O. S. Haines, Professor of Clinical Medicine of Hahenmann College, Philadelphia. Dr. Haines's paper was upon the subject of the Prophylaxis of Dissolution. The title was slightly misleading, as some seemed to expect the doctor to speak upon the prevention of death in the human race at large, though this was not his intention, but the dissolution referred to was that of Homœopathy as a school. He believed there is some danger to the existence of our school, and blames it upon the young men, as he thinks the young men are too prone to follow strange gods and short cuts, and are not sufficiently willing to work on lines of homœopathic Materia Medica to enable them to make correct homœopathic prescriptions. As a remedy for this, he believes in treating the colleges, in making the teaching of homœopathic Materia Medica, based upon the pathogenetic action of the drugs, more interesting and more thorough.

Dr. Weston D. Bayley, of Philadelphia, was appointed to discuss this paper. He mentions skepticism as a cause of lukewarm Homœopathy, also the fact that the successful practitioner of the present day is too busy and treats too many cases to enter into each one as the old masters did. He believes that there is some good in the old school, but that we take too much from the old school. He also blames the deficiencies of our Materia Medica for some of the skepticism of the present day. He scored the practitioner who accepts suggestions from the traveling agents, and buys combinations and various drugs at the solicitation of those agents. He favors amalgamation of the schools of medicine theoretically, but considers it impossible under the present conditions, as the older school is not willing to allow sufficient freedom of opinion to the Homœopaths.

Dr. M. E. Douglas, of Baltimore, Md., was also

appointed to discuss Dr. Haines's paper. He believes that we are not ready for amalgamation of the schools. He is heartily in favor of a more thorough study of Materia Medica, and in his remarks gave some illustrations of the way in which he would teach it, which were both unique and interesting.

The paper was then open for general discussion, which was participated in by a number of the men present. Dr. E. B. Nash said he regarded the homœopathic law of cure as the only law, and just as unchangeable as the law of gravitation. He was not willing to blame the young men too much for their lack of enthusiasm, but traced it to their bad teaching in college. He does not favor amalgamation of the schools, and believes that the only way to kill Homœopathy is to hug it to death; he thinks that would be the result of amalgamation.

Dr. Snader, of Philadelphia, said Dr. Haines's paper reminded him of an obituary of a living subject. He believed in revising our provings in the light of the pathology of the present day.

The meeting then closed with a buffet lunch.

The Saturday evening meeting was opened by an introduction by Dr. J. B. G. Custis, in which he introduced Dr. E. B. Nash, Professor of Materia Medica of the New York Homœopathic Medical College, who read a very interesting paper upon "Our Materia Medica." Dr. Nash is very enthusiastic, proud of our Materia Medica of today, and does not regard it as too voluminous, nor unreliable. While he does not object to a reproving, he believes that a reproving would not show much change in symptomatology. He would rather improve what we have than to reprove new drugs, though would not object to doing so should way open. He believes the failure to succeed in producing cures is not due to the unreliable Materia Medica we have, but to the lack of study of the same; he does not favor alternation or rotation of remedies. He believes in beginning the study of Materia Medica at the symptomatology end, though he would not ignore pathology or bacteriology, or anything else that would tend toward a better understanding of drug action and drug application to disease.

The discussion was opened by Dr. Eldridge C. Price, of Baltimore, Md., who believes that there is a great deal which is unreliable in our Materia Medica; he believes heartily in reproving and the correct recording of symptoms. He considers there are a great many symptoms in the larger works, as, for instance, Allen's Encyclopædia and Hering's Guiding Symptoms, which are worthless. Of the two he favors Allen, because the symptoms are there traced to their source, and the discriminating man is thus able to reject the ones whose source may appeal to him as unreliable. He would prepare and reprove the remedies in the light of modern present-day science.

Dr. J. E. Willis, of Somersworth, N. H., also discussed Dr. Nash's paper, and made an appeal for diagnosis in the treatment of disease; while he believes in giving symptoms all due credit for what they may mean, yet he would not overlook the diagnosis of the disease and the condition under treatment.

Dr. J. B. Garrison and Dr. Austin, both of New York, participated in the general discussion.

Dr. George Hyde Lee asked the question whether the homœopathic profession at large would really want a reproving of our drugs; if so, he believes that the means for reproving may be had by application to the Carnegie Fund for Scientific Research.

Dr. W. R. King would favor reproving, as he believes it would not detract at all from our Materia Medica, and he also thinks that the Carnegie Fund would be available if the profession at large should wish it.

Dr. Charles B. Gilbert would not be afraid of reproving, would favor it. He believes the great enemy of the young Homœopath in his willingness to depart from the single remedy and the continued study of symptomatology; in that connection he mentions alternation, rotation, combination and damnation.

Dr. D. H. Riggs was heartily in favor of reproving.

Dr. A. K. P. Harvey believes that whenever the old school make any absolute cures they are made according to the law of similars; of course, they use many palliatives, which he does not include.

After quite an extensive buffet lunch, the meeting closed what was considered the most successful session ever held.

CHICAGO NOTES.

BY DR. C. A. HARKNESS, CHICAGO, ILL.

Dr. John W. Streeter has just completed a popular novel, and it will soon be published by the McMillan Company. This is his first popular book, but it is said that it will not be his last.

Dr. Albert G. Beebe, Professor of Surgery in the Chicago Homœopathic Medical College, died December 12th, of heart failure. He had been in poor health for some time and yet his death came as a great surprise to all of his many friends. He will be missed greatly at the college, of which he was one of the founders, and by the church, where he was an active and conscientious worker. His funeral was held in the Third Presbyterian church on Saturday afternoon, December 15th.

Dr. E .A. Meyrich, who was formerly located at Muscatine, Iowa, has located at Park Ridge, a suburb of Chicago.

Dr. L. Slominski, who was arrested for murder in connection with a malpractice case, was quickly exonerated and dismissed when the case came up for trial.

Among the doctors who have visited in Chicago during the past month are Dr. J. H. Wilson, Bellefontaine, O.; Dr. F. S. Wade, New Richmond, Wis.; Dr. L. C. Holmes, Atlanta, Neb.; Dr. J. J. Martin, Mt. Ayr, Ind., and Dr. J. D. Richer, of Warsaw, Ind., are some of the most notable.

Dr. Annie A. Hunt, who graduated in the last class from the Chicago Homœopathic College, has located in this city, having opened an office on Wintnrop avenue.

Dr. C. E. Kaufman, who was located at Tampico, Ill., has accepted the interneship at the Garfield Park Sanitarium.

Dr. A. J. Weirick, of Kempton, Ill., visited recently with his father, Dr. C. A. Weirick.

Dr. N. D. Johnson has opened an office at 2325 Magnolia avenue, Edgewater.

Dr. George N. Pratt and family spent the holidays visiting with friends in New York.

Dr. A. K. Crawford and wife, of Oakland, Cal., were in the city recently, on their way to Frankfort, Ky., to attend the inauguration of Governor Beckham. Dr. Crawford is colonel on the staff of the Governor.

Dr. C. F. Stough, of Colorado Springs, is visiting old college friends in this city.

Dr. C. Guernsey Fellows and wife attended the inauguration of Governor Beckham, of Kentucky.

Dr. O. E. Stewart, who recently completed his service as interne at the Hahnemann Hospital, has opened an office at 5501 Halsted street.

Dr. Burton Haseltine spent the Christmas vacation visiting his parents in Springfield, Ohio. During his absence his practice was taken care of by Dr. R. H. Street.

Dr. W. E. Boynton is the happy father of a baby born a few weeks ago. The mother and child are both doing well.

At the November meeting of the Clinical Society of the Hahnemann Medical College a new system was used and found very satisfactory. Instead of papers being read by certain men, each member was asked to bring a case with him for the rest to study. About 150 attended, and a large number of interesting cases were presented.

Dr. C. J. Swan has moved into his new residence at 103 East 49th street.

Dr. James Searson, of London, England, who is successor of Dr. Richard Hughes, is in this country as the representative of the British Homœopathic Society, to study the standing of Homœopathy in this country. He paid Chicago a visit and attended clinics and lectures at the various homœopathic schools here. He spoke on Homœopathy in England at the colleges.

Dr. E. S. Stamford, who was located at 3028 Lake Park avenue, has removed to Wilton, N. H.

ROCHESTER ITEMS.

BY WM. PERRIN, M. D., ROCHESTER, N. Y.

On the evening of December 8, 1903, occurred the regular meeting of the Monroe County Medical Society; this was held at Teal's, on East avenue.

After the regular business of the evening the following papers were read and discussed:

"Relation of the Eye to the Generative Organs," by Dr. E. J. Bissell.

This paper was discussed by Dr. M. H. Adams, Dr. W. H. Doane and Dr. W. W. Winans.

Following this came a paper on "Prostatectomy," written by Dr. J. M. Lee, and read by Dr. S. R. Snow, Dr. Lee being unable to attend. A discussion followed by Drs. R. A. Adams, N. M. Collins, S. R. Snow, P. W. Neefus and M. S. Graham.

Dr. W. S. Rambo read the president's address. This was a very interesting paper, and brought out many valuable thoughts.

The election of officers for the ensuing year resulted as follows:

President, Dr. L. L. Button.

Vice-President, Dr. W. B. Carman.

Secretary and Treasurer, Dr. L. J. Sanders.

Censors, Drs. C. R. Summer, N. M. Collins and H. W. Hoyt.

The society then adjourned to the dining-room, where a very tasty supper was served, which brought to a close one of the most enjoyable meetings of the society.

Dr. N. M. Collins, of 43 East Ave., Rochester, N. Y., has just received an appointment as surgeon to the Rochester and Eastern railroad. Aside from this position the doctor is also surgeon for the New York Central and Pennsylvania R. R.

OBITUARY.

Dr. A. G. Beebe.

Dr. Albert G. Beebe, professor of surgery in the Chicago Homœopathic Medical College for thirty years, died December 2d at his home, 582 West Adams street, from heart disease. Dr. Beebe was one of the prominent homœopathic physicians of Chicago and had been a resident of the city for thirty-five years. For many years he had been a sufferer from heart disease, aggravated by kidney trouble. He was a member and elder of the First Presbyterian church and a member of the George H. Thomas Post, G. A. R. He is survived by a widow, a son and a daughter.

Dr. J. C. Avery, of Vassar, Michigan, died November 9th. Dr. Avery was a frequent contributor to the Medical Century.

Dr. Samuel Talmage, of Brooklyn, N. Y., died on November 20th.

Dr. C. M. Fuller, of Medfield, Mass., died on November 27, 1903.

Dr. Geo. F. Adams, of Gowanda State Homœopathic Hospital, goes to the Pennoyer Sanitarium on the first of this month, and will extend the usefulness of that institution into the field of mental and nervous diseases. This sanitarium has always been one of the most prosperous of our school, and we are glad to learn that any disquieting rumors as to its condition that have been circulated are utterly without foundation.

The first issue of the "Medical Student," the student publication of the Boston University School of Medicine, is before us. It is in every way a most creditable publication, and we welcome it to our table.

With the December issue of our clinical contemporary, The Clinique, Dr. H. V. Halbert resigned the editorship.

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Surgery.

FRACTURE OF THE PATELLA.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

While attending the late Institute meeting at Boston I witnessed at the Massachusetts Homœopathic Hospital an operation for fracture of the patella by wiring of the fragments. During the procedure some one in the audience asked the surgeon how long he would leave the leg in a fixed splint. After some hesitation the answer was given, "I do not know." The query and the answer both surprised me, as I deemed this part of the treatment of the greatest importance. That the question should have been asked, and that the surgeon should have hesitatingly given a negative reply, led me to think that the matter was not conclusively settled in the minds of the profession. After my return home I consulted a number of surgical works, both general and special, upon the subject. The following quotation from one of them is, I believe, a concensus of opinion, excepting, possibly, Cheyne and Burgard.

"The limb should be placed in a posterior splint; in seven or eight days the superficial sutures are removed, and a plaster of paris splint is applied. In a few days the patient gets about on crutches. In a month or so the dressings are cut down in front and worn in the daytime, and passive motion begun. The splint is discarded at the end of three months."

In marked contrast to this I quote from Cheyne and Burgard, Vol. 3, page 140:

"The great point in the after treatment is to restore the movements of the joint as soon as possible, so as to avoid the occurrence of adhesions. With that end in view, we think it well that no splint at all should be employed. The wound heals by first intention, and at the end of a week the dressings are removed, the stitches taken out and a thin layer of gauze applied along the line of incision and fixed with collodion. The leg is then left perfectly free and the patient encouraged to move the limb as he chooses. No restrictions are placed on the amount of movement which he may carry out in bed; at the end of a fortnight he is permitted to get up and to stand with the aid of a couple of sticks, and from time to time to bend the knee. At the end of three weeks he is allowed to get about with the aid of two sticks, and by the end of six weeks he is usually able to walk without support, and has perfect movement of the joint."

In support of this statement I will relate but a single clinical case that I operated upon for Dr. J. F. Lewis, of this city, about a year ago. The patient, a young, muscular subject, in jumping off a fence sustained a transverse fracture of the right patella. The injury occurred about 6 P. M., and I was called to operate the next forenoon. The doctor related his experience with several previous cases treated by the ordinary method of straps and splints as being extremely unsatisfactory, both on account of bad results and the long time elapsing before even imperfect function of the joint—six to eighteen months—was obtained. He stated that if there was a better way he wanted to know it.

The patient was in good physical condition. The knee was greatly swollen and discolored. The fracture could be clearly outlined, transverse, and could apparently be nicely coaptated, and held closely in position by the straps and splints the doctor had applied the night before.

The operation was done under the most exacting aseptic methods, as follows: Beginning one inch above the patella, an U-shaped flap that includes the skin and superficial fascia was turned down to about the middle of the ligamentum patella, thoroughly exposing both fragments. Fig. 1. After exposing

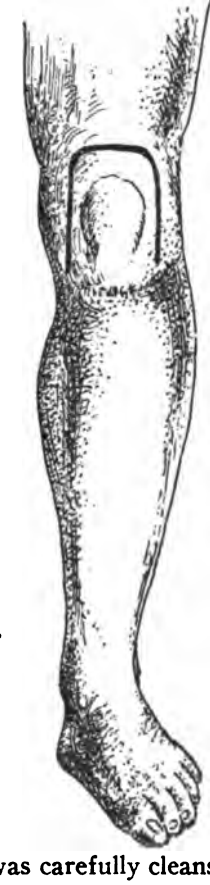

Fig. 1.

the fracture the joint was carefully cleansed of blood and serous infiltrations, which were enormous; the fractured surfaces were then everted, and the

periosteal layers turned back. These, with fragments of muscle and fascia, were found to be curled inwards, covering the fractured surfaces like a hood, making it absolutely impossible for bony union to have taken place under any other method of treatment. Two holes were now drilled through the upper fragment from above downward and inward, coming out just anterior to the articular surface. The drill was entered sufficiently high up to give a strong support to the sutures. The lower fragment, the smaller, was then turned out, and the drill made to enter just anterior to the articular surface, and pass downwards and forward, piercing the ligament and patella. Fig. 2. Two heavy iron

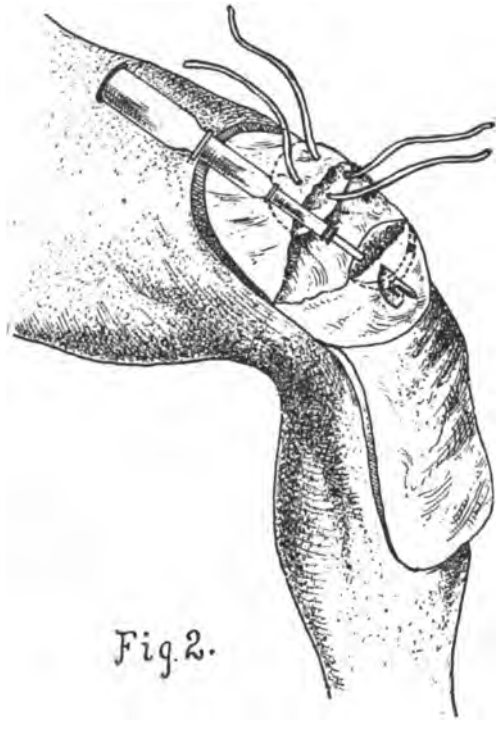

Fig. 2.

wire sutures were passed from below upwards through both fragments. The lower ends of these were then bent upwards over the lower fragment to secure them from slipping; the upper ends were held taut, while the upper fragment was slid down over them until snug coaptation was secured. If this precaution is not observed the fragments will be brought into apposition at the outer surface, while a gap will remain on the articulated surface. The ends of the wire were brought together, given a couple of twists, cut short with a pair of pliers and the ends hammered down so there would be no projection. Fig. 3. The joint was again thoroughly irrigated with a saline solution, the periosteum and fascia united over the fracture seam with a running cutgut, and the skin incision closed with interrupted silk worm suture without drainage. The wound was then dressed with a plentiful supply of gauze and bandage, without splints, and the patient put to bed.

The dressings were removed on the morning of the sixth day, when the skin wound was found to be united throughout. The sutures were taken out, and O. Z. plaster applied to prevent any accidental separation of the scar. The patient sat up from that time on; walked across the room on the tenth day and resumed his work, that of machinist, on the fourteeth. He never lost a day from work thereafter. The results were perfect in every sense.

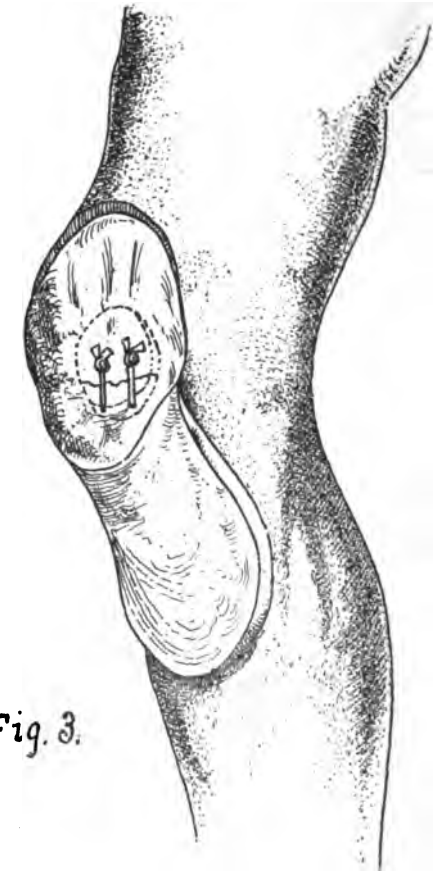

Fig. 3.

I regard the U-shaped incision as being preferable to the vertical for the following reasons: First, it gives greater field for operative work; second, there is less liability to be lateral pockets, in which fluid might accumulate; third, there is less possibility of the scar being injured by blow or fall; fourth, the wire, not lying under the skin, is less liable to irritate than when under the scar. It is also better that the convexity of the flap be made upwards instead of downwards in order to avoid injury of the scar where it lies over the tubercle of the tibia.

Experience has taught me to give iron wire the preference over silver in uniting fractured bones. The latter has not the necessary tensile strength; this metal is so fragile that it requires a very large strand to possess the necessary strength, and even when a large wire is used it is liable to break in twisting. I use an iron wire, such as is generally employed in making brooms. It is first rendered soft and aseptic by passing through an alcohol flame, bringing it to a white heat. Annealing in this way renders it very pliable. (By treating steel wire, a piano string, in this way a much smaller ligature may be used.) Two sutures of this material, if properly applied, will sustain the weight of the body; therefore, there is no danger of a separation of the fragments. After drilling a hole in the fragment it is well to follow the drill as it is withdrawn with a needle threaded with heavy silkworm ligature, which is drawn through the hole made by the drill. This aids both in locating the opening and passing the wire.

The successful result of treating a fractured patella by this method depends largely upon absolute asepsis. One not schooled in aseptic methods should never undertake the operation. It is well to keep a stream of normal saline solution playing upon the wound, so as to prevent the lodgment of germs during the operation. The dressings should be plentiful and impregnated with some antiseptic, such as the Bi-chloride or Carbolic acid, in order to inhibit the ingress of pathogenic organisms.

I don't believe that any surgeon who has had any considerable experience in treating fractures of the patella by splints and straps after once operating by the above method would ever go back to the old treatment.

CHRONIC CYSTITIS FROM HYPERTROPHIED PROSTATE.

BY A. B. GRANT, M. D., ALBION, MICH.

The individual dispossessed of a sympathetic nature, either by inheritance or acquired, is an unfortunate cripple for usefulness in society.

A child born without a sympathetic nervous system would be a monstrosity. And yet we frequently meet people who seem to be without either. They surround themselves with a frosty atmosphere, which seems invulnerable to the warm sunshine of human or divine love and sympathy. The bristles of antagonism, hatred and malice are pointing in every direction. Their cerebro-spinal seems to say to the sympathetic, I have been at war with this sympathetic until I have slayed every mother's son of a gun of her family, and now I defy any of you fellers outside to knock this chip off from my shoulder if you dare.

Anatomy taught us the existence of a cerebro-spinal and sympathetic nervous system. The importance of the latter in masked pathology and the law of reflexes has been revealed by modern pathologists, chief of whom is the founder of orificial thought, in whose honor we as members of the American Association of Orificial Surgeons are gathered today.

A few years ago the doctors discovered in the blood stream the causes for all ills that human flesh was heir to and began at once to flood the country with their proprietary nostrums for purifying the vile current. A large proportion of the population are still guzzling down these patent conglomerations with their eyes closed and their mouths open, like a nest of young crows, deluded in the belief that each bottle is a specific for their specific case. A few modern pathologists have advanced a step and discovered in the nervous system the source of disturbed metabolism and impure blood channels.

Another class with no small following are those who claim advancement beyond the nervous system and discover in the spiritual realm the causes of disharmony and disease and a method of restoring it to normal conditions by ignoring the physical.

Still another class in modern therapeutics believe in scientific manipulations of the body for the elimination of disease. This class, who are also good fellows, are quite prone not to recognize the fact that the patient is assisting them on the other hand by faith in their methods and inspired with the hope of recovery.

The broad-minded physician accepts all therapeutic auxiliaries in the practice of medicine which prove beneficial in the treatment and cure of disease, whether it be orificial surgery, osteopathy, electricity in its various forms, hydropathy, mental science or drugs. Orificial surgery is a splendid auxiliary, because it brings us into a better acquaintance with the office and functions of the nervous system, especially the sympathetic and its importance in health and disease. We are grateful to its founder for evolving out of it probably the most potent therapeutic agent discovered in modern times for the treatment of chronic conditions. When I say "the most potent therapeutic agent," I speak advisedly, because I have thoroughly tested its efficacy and proven it by practical clinical demonstration for the past fifteen years.

In the discussion of chronic cystitis, associated with chronic hypertrophy of the prostate, I am at a loss to know upon which subject I am expected to treat, so that if I should jump from the bladder to the prostate and from the prostate back to the bladder again without falling into the rectal sewer you will know very nearly where to locate me.

It is not an uncommon condition as you all know to find chronic cystitis existing in old men, and chronic hypertrophy of the prostate in men fifty years of age and upward is the rule rather than the exception. That either may exist without the other is true; that both may exist independently of the other so far as infective origin is concerned is also true. That chronic hypertrophy of the prostate is sometimes caused by chronic cystitis may be true, so also may chronic cystitis be the result of chronic prostatitis, and upon this theory we invite your attention. The functions of one is essential to our existence, while the functions of the other seems to be non-essential unless it be to a miserable existence, and of course an existence is essential to the functions of both.

The relation of the bladder and prostate is something like the Frenchman and Irishman occupying the same bed; both breathe the same atmosphere and participate in the same climate if they do not drink the same water. Both, however, are supplied by the hypogastric plexus, and are such near neighbors that an assault upon one is liable to be resented by the other. It may be superfluous to state that chronic cystitis may involve a portion of the mucous coat, or its entire wall, but more commonly it is circumscribed to its base. So with chronic hypertrophy of the prostate, either one or all three of its lobes may be involved. As a causative factor in chronic cystitis it is immaterial whether the enlarged prostate is in an inflammatory or non-inflammatory condition. It is the mechanical pressure exerted upon the prostatic urethra and neck of the bladder which concerns us most, for the successful treatment of the former depends largely upon the proper handling and treatment of the latter. The constant and continual pressure and choking of the neck of the bladder from the enlarged gland causes painful and frequent ineffectual efforts as well as an incomplete evacuation of the urine. The decomposition

of residual urine irritates and inflames the sensitive mucous coat, while the gases eliminated gradually distend the organ, together with the retained urine, in some cases to double and treble its normal capacity.

The first indication for treatment should be directed to the prostate in order to remove the urethral pressure and afford free drainage to the bladder. As you all know, many auxiliaries and therapeutic agents are recommended, such as sitz baths, galvanism, the passing of steel sounds, various suppositories medicated with belladonna, ichthyol, aristol, protoiodide of mercury, pokeroot, æsculus, saw palmetto, emasculation and orificial trimming. While all of these agents are good, and should not be discredited or overlooked, the most potent agent in my hands has been massage or the so-called "milking of the prostate." To do this effectually requires first a good hand constructed with fingers of proper length, as too short, stubby fingers are embarrassing to the operator and painful to the patient. With the index finger well oiled, stroke the gland from the periphery toward the urethra paralleling its ducts. Begin with gentle pressure and increase with toleration, usually two or three minutes' treatment is sufficient, repeating from twenty-four hours to four or five days, according to toleration. Observe gentle pressure, short treatments, not too frequently repeated in all acute cases, and firm pressure, with longer treatments and shorter intervals, will be best tolerated in chronic or non-inflammatory cases. Hot salt water sitz baths three or four time a day are soothing and beneficial in acute cases. The bladder must be kept well-drained and irrigated; the residual urine drawn every four or six hours during the day. At night a No. 7 soft catheter made aseptic may safely be left in the bladder and held by narrow adhesive straps. For disinfecting and irrigating nothing in my observation excels hydrogen peroxide or hydrozone, 25 per cent., with distilled water to full strength, from normal to two or three degrees above normal temperature, according to the relief afforded. This may be followed by a saline solution of boracic acid, pulverized borax or bicarbonate of potash of soda, one or two drams to four ounces of distilled water to a saturated solution. I have also discovered warm, sweet milk to be very soothing and acceptable to irritable bladders. For the spasms of pain frequently accompanying acute and subacute conditions, where the seemingly indicated remedy or remedies disappoint you—as it frequently has me—you can make your patient like you very well by introducing into the rectum an anodyne suppository composed of ℞. Opium, 1 grain; Belladonna and Hyoscyamus, of each ¼ gr.; Cocaine mur., ½ gr.; Cocoa but., q. s., and repeating from six to twelve hours. After the sensitive stage is controlled irrigation, with astringent sedatives, such as protargol, benzozol or argentum nitrate, in proper strength, will be in order.

Hygienic rules must be strictly enforced; unnecessary exposure to cold and damp weather changes prohibited. A proper diet and all these things which you know must not be forgotten, and you will be rewarded by making this class of incurables very comfortable and grateful during their declining years.

Gynaecology.

MEDICAL THERAPEUTICS IN GYNÆCOLOGY.

BY W. A. HUMPHREY, M. D., TOLEDO, O.

One would not think it a difficult matter to write a paper upon this subject with all the material at our disposal, yet the abundance of the material is the greatest obstacle with which we must contend. Nearly all of our therapeutics were written previously to the development of gynæcology, and must be culled over and much of it cast aside for the more mature thought which the pathologist has brought forward and which limits us to the things which are purely medical and separates the surgical so that we need not waste a remedy upon the medically incurable.

Of the good remedies that are left there are many more than can be mentioned in the space allotted for this paper. We shall content ourselves by speaking only of those which are common and which have proven of benefit in everyday practice. Differential diagnosis brings differential prescribing. Our knowledge of the tissue disease should assist us to the classification of remedies so that we can readily throw aside a large list from our mind's eye when we undertake a given case. The pathologist has assisted the prescriber and has dignified the remedy by lifting it out of the dilemma of being hopelessly given where it should not be thought of at all.

Arsenicum

Is the remedy that we always expect to place upon all lists of the reliable ones. Its usefulness to the gynæcologist is due to its general action, however, rather than to a local one. In chronic conditions, with burning pains in the ovaries, with or without corrosive ichorous leucorrhœa. Burning pains in the ovaries is characteristic. General characteristics of the drug are usually present, viz., great restlessness, weakness, pale anæmia, etc., etc.

Arsenicum often has to be compared with China or Ferrum. China's great distinguishing symptom is the loss of vital fluids, such as hæmorrhage, and as such is an acute condition in contrast with the slower development of Arsenicum. Ferrum's distinguishing feature is anæmia under the disguise of plethora, with blanched, mucous surfaces. The pale face alternates with flushes. Arsenicum never flushes, but remains pale. The Arsenicum patient is aggravated by lying down and is relieved by heat, while Ferrum is relieved by walking about, notwithstanding the weakness.

Belladonna

Is of limited service, except in menstrual disorders in young women of plethoric habit. Pressure downward, as if contents of abdomen would protrude, especially the contents of the pelvis, spasmodic pains, stitching sharp pains in the ovary that come suddenly and go suddenly. Right ovary enlarged. The sharp pains apply to the breast as well as to the ovary.

Bryonia

Spends its force upon the serous membranes and is of great value when the peritoneum is involved. "Worse from motion" is the great characteristic. Bryonia is said to hasten the menses, but I know of no case when this has been verified. Its action upon the breast when there is strong hardness is well-marked. I have seldom prescribed any other remedy for severely indurated breast when there was no manifested systemic disturbance. The Conium hardness is less acute while the Phytolacca pains spread over the whole body.

Cimicifuga

Is called for where the uterine symptoms have become so general that the mind is affected. Dr. Talcott has styled it the remedy for "pain of the soul" or "the mania of sorrow." Melancholia, desire for solitude with suicidal tendency. There is great tendency to neuralgia and to muscular rheumatism. The mental symptoms seem to rule, hysterical hyperasthesia, with irritable disposition, also despondency with sensation of some overhanging calamity.

Calcarea carbonica

Presents to us its general characteristics rather than its local symptoms in making a selection. "Menses too often and too profuse, with return upon the least excitement." "Profuse milk-like albuminous leucorrhœa, with great lassitude and downward pressure; these two symptoms are of characteristic importance and are the prominent local symptoms of Calcarea carbonica. Leucophlegmatic temperament, with poor assimilation, cold feet of tubercular or rachitic people, with tendency to obesity, yet the cold goes through and through easily. This general outline is the prominent one in prescribing this remedy. It has many laurels to its credit in these conditions.

Hamamelis

In the first or second is another of our useful remedies. The condition is one of "soreness" from passive congestion; passive venous hæmorrhages is a strong indication for its use. Add to these varicoses and we have another strong indication for its employment. It is said to prevent abortion sometimes, but of this we have very little proof. Ovarian soreness is often relieved by Hamamelis. The soreness of Hamamelis should be distinguished from the bruised feeling of Arnica.

Helonias

Is a positive remedy that acts well in a limited sphere. Its greatest characteristic is a consciousness of a womb, i. e., the uterus is congested and tender and the patient feels it at every jar or in sitting down or in getting up. I have known it to relieve this condition frequently.

Hydrastis.

Perhaps no remedy is used oftener in sub-acute catarrhal conditions of the system than Hydrastis. Its primary action is upon mucous surfaces. Scarcely secondary to this is its action upon the glandular system, including the liver, lymphatics and salivary glands. Its chief use to the gynæcologist is in catarrhal conditions of the cervix. The discharge is muco-purulent and stringy. It has also been used internally and locally in epithelioma when relief is sometimes afforded. The local catarrhal condition is but the one manifestation of its sphere of action. When we find a patient with shiny, large, flabby tongue, coated yellow, empty feeling in stomach, constipation and leucorrhœa, Hydrastis will bring tone to the mucous membrane and nutrition will improve, the lymphatics will become more active and the patient will improve.

Ignatia

Supplies a remedy in certain nervous conditions which are found sufficiently often to keep its characteristics fresh in our memories. Its symptoms go by contraries. For instance, the sensation of a lump in the throat felt more when not swallowing, or upon empty swallowing than when actually swallowing something. At times there is much flatulence; at others there is great flabbiness. Cough is relieved by walking about. All this shows the general tendency of such patients to possess unexpected symptoms. The local conditions are of no particular import.

The Lachesis Patient

Is also of the nervous type. The lump in the throat disappears upon swallowing, but has added to this a sensitive throat, which can not be touched or constricted in any way even by the clothing. No pressure can be borne over the pelvic region; patient frequently lifts the clothing to relieve the uneasiness, not the tenderness. The throat and abdomen are uneasy, but not tender or painful. It is said to act best on the left side; there is pain in the left ovary, which grows worse until relieved by a flow of blood from the womb.

Ipecac

Is sometimes a useful remedy in uterine hæmorrhage where we have a bright flow, accompanied with much nausea. The nausea is the distinguishing feature oftentimes between Ipecac and Belladonna in this condition.

Kreosote

Is of occasional benefit when we get intermittent menstrual flow or when we find an acrid leucorrhœa which excoriates the parts. The discharge is acrid, smelling as well as excoriating.

Sabina

"Drawing pains from the back to the pubes" is a characteristic that always makes us think of Sabina 2x or 3x. This symptom is greatly emphasized if we find added to it metrorrhagia of blackish clots. This tells about all that can be said of Sabina, and yet it is an all-important remedy.

Sepia

Is perhaps equal to any remedy in importance in the armamentarium of medical remedies in the treatment of the ailments of women. Its principal action is upon the veins, especially the portal veins. It retards the venous circulation. The uterine and ovarian condition for which it is useful are often secondary to portal congestion. From this we get sensation of bearing down in the pelvis, with drag-

ging pains from the sacrum; sensation as if something were coming out of the vagina. Profuse mucous leucorrhœa, having a fœtid smell like pus, with drawing pains in abdomen. Yellow saddle over the nose and moth patches upon the face. Emptiness in the epigastrium. This last symptom should be distinguished from a similar symptom of Hydrastis, but the latter remedy has no skin symptoms and is of much less chronic nature than the Sepia condition.

The bearing down of Sepia is similar to that of Lilium, which, however, is relieved by upward pressure. The pains of the latter are also more intense.

The Pulsatilla patient is changeable, menses delayed, scanty, thirst for air, worse while indoors. Mild, tearful disposition, etc.

In hæmorrhages in addition to the remedies already quoted we have many others which can only be mentioned, viz.:

Secale, persistent, dark, thin blood and oftentimes offensive.

Bovista, bright, thin hæmorrhage.

Magnesia, carbonica, dark, thick uterine hæmorrhages.

Trillium, Millefolium, Phosphorus, Ustilago, etc., etc.

Conservative practice now-a-days would hardly justify one in relying for any length of time upon the remedy alone. The employment of tampons and removing the cause wherever possible, numerous remedies not mentioned in this article are often called for, the details of which would compel us to write a second volume of Minton's Therapeutics or to recite the many conditions portrayed in our materia medicas.

Medical Therapeutics in Gynæcology.

DISCUSSION BY L. T. GILL, M. D., GIBSONBURG, O.

This excellent paper just read has especial interest to us all, but very much to the general practitioner and the physician remote from the hospital and surgical specialist.

He is the physician, I believe, who most faithfully administers the homœopathic remedy before resorting to radical measures, and he it is who has the greatest confidence in our Materia Medica.

But here comes the finer judgment as to when our case is a curable one, medicinally, or when it is or becomes a surgical one.

In the department of diseases of women we have a list of remedies with which we can do wonders, but the selection of the remedy must be with study, even trying different potencies and dilution of the same remedy on the same case, and continuing that remedy for a reasonable time.

Of our many remedies, as the doctor has stated, only a few could be mentioned at this time. He no doubt has had recently some brilliant results from the few he has given us.

Our most used remedies, such as Arsenicum, Belladonna, Bryonia, Ipecac, Pulsatilla and some others, we are apt to forget in our difficult chronic diseases, but our continued study of them will be helpful, and we will be ever learning something new of them.

I would like to briefly review a few remedies or cases where I have had results strikingly gratifying.

With Ipecac 3x dilution. Where menses are too profuse and long-lasting with nausea and fainting.

With Pulsatilla 3x dilution. In simple mucous leucorrhœa, and have also had many brilliant successes in cases of no appearance of the menses in young girls where other symptoms pointed to the near approach of that period.

Kreosote 6x trituration. Yellow leucorrhœa, acrid, excoriating, causing inflamed condition of vulva, with great itching.

Sepia I use 3x and 12x trituration. I agree with Dr. Humphrey that this remedy is the peer of all our remedies in the treatment of chronic pelvic diseases of women.

It is helpful to so many conditions in this class of cases that there is not time to mention more than has been given us. It is always time well spent in reviewing Sepia.

Of two other remedies that recently have not disappointed me, one is Borax 2x trituration in cases somewhat common, namely, those with thick, white leucorrhœa, membranous dysmenorrhœa and erosions of the os.

The other, Lilium tigrinum, rarely fails me where I am given heart symptoms as palpitation, fluttering, with ovarian pains.

Would also like to say something for one of the tissue remedies. The doctor did not mention any, but of course he uses them. I am partially led to do so because about a year ago a member of this association told me he had no experience with Ferrum phosphoricum, or rarely used it. Most of you, I am sure, know how much he misses. I become enthusiastic when I commence to recall the successes I have with it.

But I am going to give some praise to Magnesia phosphorica, and then I am done. What class of cases do we meet oftener than those of painful menstruation? Right here there are a number of cases where Magnesia phosphorica will perform wonders, and that right quickly. In that class of cases, where the pains are spasmodic, severe, cramping, where the patient will be found bent double, perhaps just preceding the flow, where there seems some relief from hot applications, here is where Magnesia phosphorica relieves quickly, completely and permanently for that month at least. Here is the way I give it in these cases: Not long ago I was called at 1 A. M. to a case having the symptoms just described. After a good morning and a pleasant look to others of the family who were losing sleep I approached the patient, an unmarried woman under thirty. She was suffering so much it was no time for talk. I only asked: "It is time for you to be unwell, is it not?" To her reply of yes I called for a cupful of hot water. Into this I dissolved a level teaspoonful of Magnesia phosphorica 3x powder. Of this I gave a teaspoonful, which was repeated in less than five minutes. Nothing else was done or given. In a few minutes the pain vanished. For tact sake I left Viburnum opulus, to be given every hour if required. I was not in the house fifteen minutes. I learned after that nothing had been taken after I left, and that

she immediately went to sleep. With the same remedy I have relieved many such cases just as quickly and hope many of you can report the same success.

If Magnesia phosphorica is the remedy you will get quick response and little time is lost by waiting. If I do not get a quick result I choose another remedy, therefore I rarely leave Magnesia phosphorica to be given in these acute cases. If it is the properly selected remedy I can afford to wait. I always give it alone and in hot water where possible, as it certainly acts more quickly, and again pain is often aggravated by taking anything cold.

In cases of dysmenorrhœa I give relief with Viburnum opulus, Caulophyllum, Chamomilla, Belladonna, Gelsemium and others, but never so quickly as with Magnesia phosphorica where suitably selected.—[N. W. Ohio Society.]

PATHOLOGY OF UTERINE CURETTAGE.

BY E. C. STREETER, M. D., CHICAGO, ILL.

Uterine curettage is employed therapeutically for the relief of a great number of known conditions, as in chronic endometritis or to remove portions of an ovum incompletely thrown off, and, secondly, in a number of unknown conditions (as yet unknown) it is resorted to to secure tissue for diagnostic purposes. As an instrument of diagnostic value it is hardly appreciated by the very consultants who most value the sharp curette as a potent therapeutic aid. This is seen from the fact that they allow the uterine scrapings most frequently to float off in the wash water, not detaining them for the most cursory examination. How few gynæcologists use anything more than the flat of the left hand holding the traction sutures for collecting and inspecting shreds of membrane and debris which the curette brings away! In consequence, few can give an adequate estimate of the total quantity of membrane brought away, the size and consistency of the pieces, the color and character of them, whether velvet or villous surface; the only safe and correct procedure (it would seem) is to secure every particle of curetted material in every case. This is done simply by holding a sponge snugly against the perineal retractor in such a manner as to allow the irrigating fluid to filter through, leaving the washed scrapings on the sponge. The scrapings are there, to be scrutinized while the operation is going forward. Any gross aberration from the normal would be noted at the outset, and the tissue promptly submitted to a searching analysis, then placed blood-warm in the alcohol fixative preparatory to microscopic revisal.

"A careful microscopical examination of the tissue," says Howard Kelley, "should follow the removal by the curette in every case." Strict regard for this detail has saved more than a many, disregard for so simple a detail has doomed more than one. The measure is needful in order to put a check upon those who are over-zealous in the use of the curette, but it is absolutely necessary to arrive at the accurate anatomical diagnosis; not for immediate guidance alone, but for future reference and record; for the sound basis of that sustained system of facts and theories which underlies the special pathology of the uterus and adnexa. It is sad to think that surgery is remiss in anything so nearly touching the life of the patient; yet if you were to inquire among the gynæcologists of this country you could not find a hundred who were willing to follow the German method of minute study of these tissues. Why is it? Are we not as fitted for high and arduous work of this kind as the Germans? The dictum of Kelley contains a truism of medicine, namely, that in order to know a disease we must have a close at hand view of the ravages which that disease makes in the tissues involved. In other words, that the nature of a disease and its symptom-complex are best explained on morphological grounds. So it will not do for us to look askance upon this advice of Kelley's, even from the practical point of view.

To depart from it is simply indefensible from the viewpoint of scientific inquiry, for note how rapidly every gain in this department of human knowledge opens new and other questions, because each successful investigation here forms but a link in the chain of phenomena whose complete comprehension involves a grasp of the foundation of all life.

And then after the lesions which explain a disease have been established, the enquiry after their cause follows at once, and with appreciation of causal relations comes the power to cure. Now why, in one-half of all the selected cases in which curettage has been advisedly undertaken, was it an unwarrantable and dangerous oversight not to have pursued the study of the case in the laboratory? Because of the prevalence of cancer. Because the means hereby are put in our hands of making the essential early diagnosis of malignant disease of the uterus. How else a really early diagnosis is to be arrived at it is difficult to determine. Clearly not by sitting down to wait for hæmorrhages, discharges, pain, emaciation, cachexia, anæmia, fever. No; the success of any operative intervention here depends upon timely diagnosis. Not a diagnosis that is fairly early, but one that is truly early. At a time (we will say) when the cervix presents the normal appearance, though a carcinomatous nodule of two months' growth lies just within the cervical canal, or perhaps upon the corporeal membrane, an adeno-carcinoma half the size of an egg has been developing for five months.

Inspection and palpitation will reveal nothing; in the gross everything is normal, a hardly apparent departure from the normal in the scrapings. How easy in such a case to regard as inconsequential the slight menstrual disorder, the trifling vaginal discharge. You have a set of undoubtedly mild symptoms as described with some accuracy by your patient.

The local examination, and, finally, the minor operation of curettage, both of which you pride yourself, were in the most determined manner insisted upon by you and carried through with a vast deal of special knowledge and skill; these are over. You have performed a clean currettement; have brought a great therapeutic measure to the relief of your patient (supposedly a case of dysmenorrhœa or menorrhagia or sterility overcome); now the

crucial point. You are amply satisfied that the small symptoms which you have rehearsed again were indeed trivial; that the vague abnormality of menstruation which you first took a moment's alarm about does not require further investigation. You now (if you have not already lost sight of them) throw the tell-tale bits of endometrium into the waste basin. This is done on the assumption that you know what the precise condition is, what that tissue represents. If your eye mistakes, perhaps you put the patient's life in jeopardy; it would be hard to conceive of a responsibility more grave than that lying at the doors of the medical profession in the matter of the timely discovery of the existence of uterine cancer in a patient under his care.

That such small progress has been made latterly in the early detection and successful treatment of cancer of the genitalia is accounted for partly by the unwillingness of the consultant to pursue the study of the special pathology of the uterus; that is, if it is not accounted for wholly by the primal hesitancy of the practitioner in tracking down untoward menstrual proclivities.

However this may be, the fact remains but little progress has been made. Of the 123 cases of squamous cell carcinoma of the cervix at Johns Hopkins, concerning which Cullen made his masterly monograph in 1900, 62 (it is stated) came too late for operation. Of the remaining 61, on whom hysterectomy was performed or attempted, the number of operative cases now living is 13, or 21 per cent., and these records contained the history of only four who had been out over three years. This is appalling. It awakens one to a sense of the vital importance of early diagnosis. So much is at stake, and the exact diagnosis so difficult to make with unaided eye in any case, that we must perforce follow Kelley's advice, and make a scrupulous microscopic examination. In closing I will enumerate the pathological conditions which must be looked for in the course of such examination:

1. The normal uterine mucosa, a very frequent finding.

Acute endometritis.

Chronic endometritis, infectious (as gonorrhœal) and non-infectious; hypertrophic and hyperplastic gland, interstitial exudate, exfoliative, diffuse and fungoid, etc.

Mucous polypus.

Tuberculosis of the endometrium.

New growths.—Fibromata and myomata, adenomyomata, rhabdomyomata, myosarcoma, myocarcinoma, carcinomata (of three varieties, squamous cell, cylindrical cell and adeno-carcinoma of the body), malignant adenoma, sarcoma (in four situations), endothelioma.

Foreign bodies and parasites.

Besides the pathology of the gravid uterus and puerperium, as decidual endometritis, septic and putrid forms, subinvolution of the decidua, post-abortive forms, mole and retention of placenta, and, lastly, syncytioma malignum.

We have received a handsome card with the compliments of the season thereon from the Dr. C. E. Sawyer Sanatorium, of Marion, Ohio.

Homoeopathics.

ESSENTIALS OF A HOMŒOPATHIC PRESCRIPTION.

BY WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

To the homœopathic practitioner a cure according to the method of Hahnemann is the realization of the ideal in therapeutics. Other therapeutic methods there are, all more or less successful in restoring health. I have nothing to do with these in speaking of the homœopathic method. They are legitimate enough, at times useful, and occasionally necessary for mere palliative treatment or in cases of poisoning. But they are all limited in their applicability. So is the homœopathic method limited, but in comparison with the others, its range of application is so much greater that, practically, it is universal, true for every form of disease in almost every stage. True, it cannot bring full fruition to its efforts in every case, but so long as there is life, some measure of curative response, be it only negative in staying a destructive process or ameliorating merely certain phases of disease, I say, some reactive response of the organism to the carefully chosen homœopathic remedy is sure to present itself. Take any case incurable by every method, from suggestive therapeutics to the latest phase of serumtherapy, and apply the method of Hahnemann, and you will give to the patient, even though the disease be incurable, so much real benefit, comfort and saving of strength that the results are simply incomprehensible to any one not conversant with the work of Homœopathy.

But in order to achieve these results we cannot deviate far from the rules laid down by Hahnemann. Clinical experience of the school for a century has but confirmed them.

The homœopathic relationship is based on similarity between drug action and disease manifestation. But similar to what? The pathological process, the disease entity, thus give Bryonia for pneumonia, or Ergot for tabes, because these drugs have actually produced lesions strikingly similar to these diseased? It looks simple and attractive, but is delusive. The similar sought must be between the characteristics of the patient and the remedy. How those this patient affected with pneumonia or tabes differ from another patient? What peculiar and individual symptoms mark his case? Having discovered these, we have the symptomatic facts upon which we can base a homœopathic prescription that will bring about a curative response. Hahnemann's first rule is that the characteristics of the patient must be similar to the characteristics of the drug. The more important, uncommon and peculiar features of the case are especially and almost exclusively considered and noted, for these, in particular, should bear the closest similitude to the symptoms of the desired medicine if that is to accomplish the cure. Individualization, then, is the first essential. To obtain such a totality of quality is by far the most difficult part of the programme; the mere fitting of the remedy to it is a matter of search in the Materia Medica and comparatively easy. To achieve the former marks the true Homœopathist; it is the

work of discrimination and interpretation of the patients whole state. Having found the remedy corresponding to the characteristics of the patient, much depends on administering it in the proper dose and frequency. It is here where we make our worst mistakes, especially amongst younger practitioners. Of course, the medicine must be given in a sub-physiological dose, but the best results are often denied us because we give it in too low a potency. Not only that, but I feel sure that most of us are apt to repeat the doses too frequently and continue medication too long. Normal reaction on the part of the organism is interfered with, and the even development of the curative action foiled and delayed. No general rule is truer for the homœopathist than to stop medication when improvement shows itself. Hahnemann's rule of the single dose and allowing it to act has much logic on its side, and whether carried out literally or not, every successful prescriber must guard against too frequent repetition of dose after improvement has shown itself. Only in this way can we learn the true power and range of our selected remedies, and obtain clinical experience that will help to develop a true science of therapeutics.

Otology.

IMPACTED CERUMEN.

EDGAR J. GEORGE, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Impacted cerumen seems such a simple affection of the external auditory canal that it is regarded with little concern and frequently given little attention by the general practitioner.

Its early recognition is importnat, but is sometimes difficult on account of the few symptomatic manifestations. The accumulation is usually so insidious that the individual is not aware of a formation taking place until the canal becomes completely filled and deafness results, after which relief is generally sought.

Impaction of wax does not always impair hearing, although it affects it to a certain degree. The impairment depends upon the amount of stenosis or pressure on the drum membrane. I have seen many cases of impaction where there was but little impairment of hearing noticed, due to the fact that the mass did not encroach upon the drum and there still remained sufficient opening between the superior wall to permit transmission of the sound waves to the membrane. But should such a patient accidentally get water into his ear, deafness sets in at once and remains until the impaction is removed.

The etiological factors are malformation of the auditory canal, hypersection of the cerumen glands, foreign bodies and desquamation of epithelium.

In malformation of the auditory canal the most common cases are due to small external meatus. The integument of the canal grows outward, consequently wax and debris are carried outward assisted by the action of the jaws; but if the external meatus is smaller than the canal, engorgement occurs and the cerumen is forced backward instead of forward.

Hypersecretion is due to an inflammatory condition of the cerumen glands or may be trophoneurotic.

Any foreign body in the ear will form a nucleus for a collection of cerumen.

In desquamation dermatitis exists or has previously existed. The exfoliated epithelium forms an impaction itself, or may be the nucleus for an impaction.

The consistency of the mass depends upon the length of time it has existed in the canal, which may be for a few weeks or for years. Those of recent formation are soft and waxy, while those of long standing are hard and dense.

I do not think that impacted cerumen is regarded with as much seriousness as it should be; besides causing dilatation of the canal, pressure upon the drum, deafness, autophony, tinnitus and frequently numbness of the side of the head, it also causes dullness of the mental faculties, loss of memory, vertigo and sometimes a chronic, spasmodic laryngeal cough. These last two symptoms I would like to impress upon the general practitioner's mind, so that, in cases of vertigo and chronic spasmodic cough, before prescribing he will examine the ears for an impaction. It is likely to occur at all stages of life, excepting with the very young.

In my experience as an aurist I have met with all of the reflex symptoms named. Two recent cases have led me to write this article.

Case 1.—A lady, 65 years of age, in good health, was troubled with vertigo. She was referred to me for an examination of the eyes. The physician thought that it might be due to an error of refraction. After carefully taking the history of the case I learned that the vertigo was not constant during the day, but always occurred and was more profound at night when she would lie down. The aggravation was so marked at this time that she slept most of the time in her chair. These symptoms directed my attention to the ears, where I found a large impacted mass of cerumen in her left ear, the removal of which gave her immediate relief.

Case 2.—A few days ago one of our most careful diagnosticians referred a patient to me. The patient, a lady, 31 years of age, gave a history of extreme nervousness, giddiness, frontal and occipital headaches. The physician thought that the giddiness and headaches were due to eye strain. The giddiness was immediately relieved by removing an impaction from the left auditory canal, and the headaches ceased after correcting a hypermetropic astigmatism.

The deafness of old people is sometimes due to this trouble, and it only requires little time to give them the necessary examination to find out the cause.

I am reminded of a case of an old gentleman, 70 years old, who consulted me for deafness. His tale was one that would exact pity from most anyone. He was a retired business man, and had been one of the shining lights in business circles in his day. Now he was old, his hearing had become impaired, and, like many old people, his home was with his son and family. The loss of hearing was very distressing, as

he was completely shut out from the general conversation of the family; even at meal times he could not participate in the conversation at the table, but was obliged to sit through the meals in silence. This gentleman's hearing was immediately restored by the removal of a large impaction of cerumen in both ears, and as he left the office he shook my hand with tears of gratitude in his eyes.

The most harmless method for the removal of cerumen is with the aural syringe. Those that are on the market for the purpose are in my opinion too large, as they hold about two or three ounces of water, and consequently are rather heavy for careful manipulation. I prefer an ounce piston syringe or a fountain. It should be borne in mind when syringing not to use too much force on account of danger of injuring the canal or drum membrane. The point of the syringe should be directed upward so that the force of the water will come in contact with the superior wall. This position not only breaks the force of the stream, but washes an opening between the wall and the mass so that the water will get behind the impaction and force it outward. The water, of course, must be warm, and if the mass is soft the addition of Soda bicarbonate will assist in dissolving. Sometimes Hydrogen peroxide is also efficacious. Should the impaction be hard and closely adherent to the walls of the canal, Ether dropped into the ear prior to syringing will shrink the mass by reducing its fatty constituents, leaving the washing out process an easy matter.

The common custom of physicians, that of giving the patient a bottle of sweet oil, or glycerine, or instructing them to syringe the ear, is reprehensible and often injurious. Neither water, oil or glycerine will dissolve the mass, but the liquid often causes swelling and increased pressure within, which is harmful; therefore an impaction should be removed at one sitting. In syringing great care must be taken not to injure the tissues about the meatus. The cerumen glands and cellular tissue are prone to infection and inflammation as a result of careless manipulation with the syringe or with ear speculums, therefore painful furuncles are likely to be the result.

After removing an impaction, dry the canal thoroughly and make an application of Boroglyceride, then inflate the middle ear to restore the equilibrium of the drum membrane.

The common practice which the laity follow of cleaning out their ears with ear-spoons, hairpins, etc., should be discouraged, as these instruments not only irritate the cerumen glands, but frequently set up a dermatitis or provoke furunculosis. Patients should put nothing in their ears smaller than their finger.

THE CARE OF THE EARS.

BY PERRY DICKIE, M. D., BROOKLYN, N. Y.

The importance of the care of the ears has never been better exemplified than by the results obtained recently from a series of tests and examinations of the ears of school children. It was then demonstrated that about ten per cent. were affected with some disease of one ear, and that both organs were involved in five per cent. of the number.

That a state of affairs such as this exists we must attribute to a lack of knowledge on the part of the general public of the importance of this subject. Besides, the duty of guiding mankind in the paths of hygienic rectitude devolves on the physician should prompt us as aurists to utter a note of warning that further disastrous conditions in the ears may be averted.

In these days of the love of and striving for the almighty dollar, when even our faculties are graded according to their money-producing value, we may divide our five senses into the abstract and commercial. In the former class we place smell and feeling; faculties which in but few callings their presence or absence would be a question of eligibility, or which would in any way affect a proper performance of one's duties. In the latter class we may rank such senses as sight and hearing, whose presence with but few exceptions—and this only in the case of hearing in some vocations—is an absolute necessity, and whose absence is of such import as to rule this faculty out of the competitive race in financial pursuits.

Of these two classes, first in the order of importance surely we must place the eyes and sight, while, second, but following closely, the ears and hearing claim a place as a necessary faculty. Moreover we cannot but admit the fact, apparent to us all, that in daily life the integrity of the ears seems even of less than secondary importance to the average person considering the little care bestowed upon them or the scant regard paid to their ailments.

True, the loss of hearing, although not as great an evil as the loss of sight, still means in a more or less degree a barring of one from a very large part of the pleasures of life, and to many a serious injury to their financial prospects, and for these reasons would alone seem worth the effort to retain its integrity.

No doubt the loss of sight reduces the person to a state of comparative helplessness, but not by any means so much as that of the loss of hearing, and though the former is an affliction attended with many discomforts it does not shut one out completely from all intercourse with the world, as is the case with the deaf. The blind can still hear the voices of family and friends; to them music is not a sealed book, nor are the innumerable sounds of nature forever hushed. Truly, these are in a measure a great compensation for their loss of sight.

A person who has lost his hearing in most instances after a time becomes absolutely wrapped in himself and is prone to lapse into a morose, suspicious and misanthropical state. He shuns company, which for him has lost all its attractions, and courts solitude. The conversation of others he imagines to be personal remarks referring to him or his infirmity. Hence his desire to be alone and to brood over these fancied wrongs.

Much has been written on the care of the eyes—they have in nowise been neglected; but the ears have received only scant attention. In fact, their treatment has been very much according to the fashion of bringing up children in ancient Egypt, as described by Herodotus—letting them run loose to take care of themselves.

The study of the ear has only at a recent date acquired the dignity of a real specialty—it being the latest accession to the ranks of specialism—which possibly accounts for the reason why this organ is not regarded as of so much importance by the average person.

In the good old times one form of treatment sufficed for all complaints of the ear; the grand panacea consisted in dropping various oily concoctions into the canal, or else in making it the receptacle for such delicate morsels as roasted onions and similar "remedies." However, from the swaddling clothes of inexperience mankind is slowly emerging, and the time is not far distant when the integrity of the ear will be of as great importance in his estimation as is the well being of any other part of the body.

We who are watchful of these conditions cannot but notice the prevalence of deafness at the present time. It would seem to the writer greater than in the past. The most surprising part of it, however, is that the afflicted persons apparently accept their infirmity as a matter of course, to be borne without any complaint or without any efforts being made by them to obtain relief. A state of affairs which reminds us of the manner in which we all so patiently endure the many impositions and inconveniences to which we are subjected by our street car companies, and in fact every other public function, which in theory presumes to exist for our comfort and in practice seems diametrically the opposite.

In all other cases of disease as a rule one strives to prevent a further development, but in the case of the deaf an opposite condition prevails, since it seems that an absolute apathy is manifested by the great number regarding their infirmity.

In these cases the disease is allowed to run on until it reaches such a degree of severity that at last when a patient actually becomes aware of the fact that something is not quite right with his ears, on consulting the aurist he often finds that the complaint has been one of long standing, and that the treatment has been delayed until too late to afford any relief, although the trouble may have been perfectly curable in its early stages.

Slight deafness is in the case of the average person liable to be overlooked, or at least regarded as simply an inconvenience or an infirmity, to be borne without complaint. Only in cases where deafness entails disadvantages or pecuniary loss in one's occupation, where the hearing is a necessity, as, for instance, in musicians or teachers, are we likely to hear many complaints. Yet in no one should a diseased condition of the ears be allowed to remain untreated since that symptom, which would seem to us the most trivial, might signify a possible lesion capable of being followed by very serious consequences.

There is a general impression—although a mistaken one—pervading the minds of the laity that ear diseases are less amenable to treatment than complaints that occur in other parts of the body. It is also a subject of remark that so many chronic diseases of the ear of advanced standing are apparently incurable, and a matter of surprise that only after a protracted treatment can any good results be accomplished. The reason of this is, as I have said before, simply due to the delay allowed to exist before the patient applies for treatment. A condition of affairs such as this we could not reasonably expect to be otherwise.

In this connection, for instance, take rheumatism, which we all know is a disease of the blood, accompanied by more or less severe pain and other uncomfortable and distressing symptoms. If this affection be allowed to run its course unchecked, in many cases it will terminate in recovery or else remain in a state no worse than that which already existed. But there are times when we will have as a result of this complaint various deformities, as contractions of the muscles or tendons or a stiffening of the joints, which may even extend to a complete ossification or formation of bone. Such a condition as this would consequently render these parts immovable and useless—the patient becoming a cripple. There are but few of us who do not invariably make every effort in a case of this kind to prevent the likelihood of such a happening.

On the other hand, in the case of the ear, where frequently a state of affairs very similar to this takes place, in which the ossicles or little bones of the middle ear become connected at their joints by a bony formation—termed ankylosis—and their free movements thereby impaired, which results in an injury to the hearing of a greater or less degree, depending upon the extent of the deformity that has taken place in these parts. Yet, as a rule, only in these cases, where deafness has advanced considerably, is medical aid sought for, and in many instances does the applicant find that he has applied too late to be of avail.

In short, the existence of uncomfortable or annoying symptoms in the ears, such as pain, noises, deafness, dizziness or vertigo, if occurring with any degree of severity or of any long duration, are all to be regarded as unfavorable signs and should be a signal for the person so affected to consult the aurist at the earliest possible moment lest the complaint extend beyond relief.

Deficient hearing in one ear is by no means an infrequent occurrence, and is seldom regarded by the one so affected in any other light than that of a trivial ailment unworthy of notice, and not to be given a passing thought. When, however, as often happens, later, in certain forms of ear diseases, the other ear becomes involved in this process due to the relationship between two ears through the nerve structures in the brain, then does the patient begin to realize that something is wrong. On consulting the aurist he will probably learn of a complete loss of hearing in one ear, and a serious impairment of this faculty in the other.

This defect of hearing in the second ear was the note of warning that informed the patient of the gravity of his condition.

Of the anatomy of the ear, a few words of explanation may not be out of place. This organ consists of three parts; first, the external auditory canal with which we are all familiar; next, the middle ear lying at its inner extremity, which contains the ossicles or little bones. This communicates with the throat by means of the eustachian tube, through which an even air pressure is maintained in the middle ear. Internal to all these, and situated in the

bones of the skull, is the internal ear which contains the perceptive organs of hearing.

The drum membrane consisting of a thin tissue is situated at the bottom of the external canal and separates it from the middle ear. The function of this structure is largely protective, although it acts as a receiver of sound waves, as well as a means of conveying them through the chain of diminutive bones or ossicles to the internal ear.

A common impression prevails among the laity that the function of hearing depends upon the drum membrane. This, however, is erroneous, as perforations in it or even the complete absence of this structure may have but little, if any, influence in lessening the hearing. True, the perception for low tones will be somewhat diminished by such an existing condition, but high notes, on the contrary, may be heard better.

Notwithstanding, however, the fact that the drum membrane is not absolutely essential to the hearing, it exercises a valuable function as a protective measure to the middle ear in preventing painful impressions that are apt to result from too great concussions of sound entering the ear without this intermediary, and besides this it helps to maintain a moist and pliable condition of the parts within the middle ear.

The internal ear lying in an inward direction from the tympanum or middle ear communicates with it by means of two openings, one of which, the oval window, is closed by the termination of the chain of ossicles, while the other, the round window, contains a thin closing membrane. This structure, the internal ear, although but little over a cubic half inch in size, contains a very complicated system of structures comprising the terminal filaments of the auditory nerve which floats in a fluid in this cavity.

The act of hearing consists of the waves of sound entering the canal of the ear and striking the drum membrane, which is thereby set into a state of vibration. These are transmitted by means of the ossicles to the fluids in the internal ear, which in turn are set in motion, and the impulses so acting on the contained structures of this organ are carried by the auditory nerve to the brain.

In the care of the ears the following points are of the utmost importance to bear in mind at all times, and insist on the observance of the principles involved therein when it is possible.

Regarding the outer ear the first subject that presents itself to us is that of earrings. The wearing of these ornaments (?) is certainly a relic of the past handed down to us from our barbaric ancestors, and, although at no time things of beauty, still were it not that fashion has somewhat decreed against their use at present, they would now be dangling from every feminine ear. Furthermore, there is a prevalent idea existing among the lower classes that earrings are helpful in various ways to the eyes, which, however, is a superstition without any foundation. If these persons must wear them for such an imaginary purpose they should at least have their ears pierced by someone who can do it in a clean manner, as a lack of simple aseptic precautions in this operation is often the cause of serious consequences to the integrity of the lobule of the ear and abscesses in it are often the result of this neglect. Again, at all times the earring should be of the lightest possible weight, since heavy ones may cause an enlargement of the lobule, and at times result in considerable deformity.

Taking the next point in order, the aural canal, we would warn against the introduction into it of any substance, no matter of what nature, shape or form, either hard or soft, as a procedure which should be scrupulously abstained from except by one familiar in every way with the anatomy of the parts. (This point should be always borne in mind when for any reason we might be tempted to commit such an error.)

In this connection we would say that the indiscriminate use of domestic ear drops instilled into the aural canal cannot be recommended for several reasons: First, if an oily preparation, it is uncleanly, because if allowed to remain for any length of time it is likely to set up an irritable condition. Second, if drugs for the purpose of allaying pain, as opium, morphine, or cocaine, and a perforation of the drum membrane exist, these agents will pass into the middle ear and possibly further through the eustachian tube into the throat, where they are swallowed, and the action of the drug be manifested. Or, where there is an erosion of the lining membrane of the canal or middle ear absorption may take place and a toxic disturbance be the result.

We may thus rightly infer that the indiscriminate instillation of medicinal agents into the ear is not a judicious procedure to be attempted unless we know the exact condition of affairs existing in this location.

Another subject of importance in the aural canal we find to be the cerumen or ear wax. This is a thin yellowish fluid excreted by the glands in the same manner as exudations from the skin on other parts of the body, with which structure the inside of this canal is also lined. In normal conditions this substance when excreted thickens, dries, and unites with the little flakes of dry skin cast off from the parts, and falls out of the canal, being propelled by a peculiar process of its own, as well as aided by the movements of the jaws.

In the healthy ear, where the wax does not collect in any quantity but is thrown off as soon as it is formed, this function is carried on in a manner not perceptible to any extent to the person.

When too great an amount of cerumen is present it indicates an inflammatory process latent in some part of the aural structure. On the other hand, too little of this secretion may indicate the incipiency of some forms of deafness, as otosclerosis.

It is usually found that in those persons who make the greatest efforts to keep their ears clean with ear-spoons, ear sponges, and twisted corners of towels, the largest accumulations of cerumen in the canal, and situated deep in it, exist. However, in a condition such as this we are not by any means to assume that there is an excessive formation, but simply that the excretion is pushed into the canal by these manipulations and is thereby prevented from falling out as occurs normally.

We may also obtain these results from too much

water put into the ears, either by over-zealous washing or syringing; a practice indulged in by some extra cleanly disposed persons, which measures cause an agglutinizing of the wax into masses which remain in the canal. This collecting gradually for a long period will either wholly or partially occlude the canal, and in the case of any moisture entering it will cause this mass to swell, resulting in various disturbing symptoms, as deafness, dizziness, nausea or cough. Strange to say pain rarely occurs even in the most aggravated cases, but this is possible when the plug is hard and presses on the surrounding structures. Therefore, the best advice that can be given to one who is troubled with this complaint is to discourage the too vigorous cleansing of the ears, excepting the auricle, and when a condition of wax impaction does exist to seek skilled medical advice, and not tamper with it if serious consequences would be avoided.

A very frequent cause of acute diseases of the ears is the entrance of water into them when bathing. To effectually guard against such consequences a plug of cotton should be inserted into the outer orifice of the canal, which must be removed when leaving the bath.

Boxing or pulling the ears of children is a reprehensible practice, as it is one of the means by which the ear drum may be ruptured. If this does not occur as the result of such pleasantries (!) it is simply due to the good fortune of the child; if it does happen it is often the precursor and starting point of many inflammatory diseases of the ears.

It is a well known fact that perforations of the ear drum will rapidly heal in the majority of cases, and also that in many diseases where the drum is entirely absent the hearing is not imparred; but in cases where rupture occurs from injury or concussion, such as blows, a condition may set up to be followed by more serious consequences that may extend to the internal ear and even to the brain. Therefore, this form of chastisement for children, the common practice of ignorant nurses, should be prohibited by parents who care enough for their children to prevent them from being thus corrected.

The ears should not be subjected to violent concussive shocks, nor to loud continuous noises. If the former is an unavodiable necessity, as in the case of artillery men, at the time of the firing of the gun, the mouth should be opened and a plug of cotton inserted in the aural canal, which will lessen the force of the concussion to a very great extent. Without such precautions the sound waves may strike the drum membrane with such force that there is always a posibility of this structure being ruptured. When, however, the mouth is open, a free access of air is allowed to pass through the eustachian tubes, presuming that they are patulous, which, maintaining an equilibrium of the air pressure on both sides of the drum membrane, tends to check its too forcible inward excursion, and, therefore, prevents whatever disastrous consequences that are liable to ensue from this procedure.

In regard to the action of loud continuous sounds on the ears, this is necessitated by various occupations, as machinists, boiler makers, etc., and must, if the exposure is continued, ultimately produce disastrous results to the hearing. A prolific cause of this trouble at the present time is found in telephone operators at "central" in their duties of answering the calls. This occupation compelling a continuous exposure of the ear to a harsh and concussive form of sound cannot but in time result other than in a complete destruction of the nerve filaments in the labyrinth, and, later, in an involvement of the structure of the auditory nerve itself.

Doubtless much of this damage could be obviated by a little consideration for the welfare of employees on the part of the telephone companies in providing an apparatus that would register calls mechanically instead of compelling human ears to be subjected to this din. Interests of humanity should prompt such a move, but no doubt we are expecting too much in this age of "progress," which term often but signifies taking all one can get and giving as little as possible in return.

The results of past experience should teach us to exercise the greatest watchfulness lest our children be affected with any abnormality of the ear. Diseases of this organ when occurring in early life may not be discovered until there results an outbreak of some kind that may possibly entail the most serious consequences and at times be beyond repair or recovery. Adults, too, are by no means free from these complaints, as a great number of lesions of the organ of hearing may exist, giving little or no trouble, but yet be of considerable importance as to their producing serious results in the future. Many similar affections are prevalent to an extent not realized by the laity, nor the physician who has not made a special study of these diseases. When under certain conditions these apparently latent diseases are aroused by some stimulus or excitation, they may make their existence manifest by symptoms of the utmost severity and danger.

Of all these conditions mentioned, that of a discharge from the ears is the worst, from the fact that it furnishes a likelihood of the most disastrous consequences. In fact, it is a continuous menace to the person as long as it is in existence, no matter whether the amount of the discharge be great or small. Often this state may be only the manifestation of a cause of lesser severity, while in others it may be due to a disease process which if not checked in its early stages may extend and involve the brain structures in some fatal and disastrous termination. The old-fashioned notion that a discharge from the ear would cease or become "outgrown" is an unsafe principle to follow, and a decidedly mistaken idea, which has been the cause of much mischief in discouraging treatment from cases where it was essential for the patient's welfare and cure.

When a suppuration of the ear exists in either child or adult every effort should be made in searching for its cause, and when such has been found and removed the discharge will cease. This is the only effective method of cure for this condition.

We should, however, bear in mind the fact that a discharge from the ear must always be regarded in no other light than that of a serious and dangerous lesion, toward the eradication of which our best energies should be directed.

Of the various causes of diseases of the ears we may enumerate as the most common: Derangements of the throat and nose, measles, scarlet fever, diphtheria, etc. These are all potent factors in causing forms in which we have suppuration or discharge, either acute or chronic. Regarding the catarrhal or non-suppurative form of aural disease we must attribute as the most influential cause a retention in the system of the waste products of nutrition, which may be from either an increased formation or a diminished outflow. In popular language this is known as the uric acid diathesis or uric acidæmia, although uric acid is not the only agent causing this trouble.

At first thought we would not think it possible to attribute errors of diet and an unhygienic mode of life as a cause of disease in organs and functions so apparently remote as those of the ears. Yet one of the most intractable and serious diseases involving this organ, termed otosclerosis, can be traced very often to faults of this kind. When they are not immediate causes they are at least predisposing ones, rendering the person susceptible to this condition, and if there be any inherent weakness in the ears—in these cases the labyrinth or internal ear—otosclerosis is prone to occur. The writer attributes the disordered state of the system to the deleterious influences exercised by the retained waste products. This he believes is due to an improper mode of living, to errors in diet, to lack of exercise and fresh air, as well as to sendentary occupations, whereby the excrementary products which should be eliminated from the system as soon as formed remain in the body and set up various disturbances, and in many cases attack the more susceptible in their weaker and least resistant parts, which frequently are the ears.

Insufficiency of water drinking has been claimed by some to be a factor causative of this trouble, and relief has ensued in many cases from remedying this error or omission.

Therefore, we may assume the uric acid diathesis —as we style it for want of a better term—to be the etiological factor when ear troubles occur in persons who are subject to rheumatism or gout, or whose relatives are thus affected; also, where there has existed in some near member of the family a form of deafness of gradual approach and of a great degree of severity.

In the treatment of the ears during the last twenty to thirty years there has been a most gratifying and encouraging degree of progress. Previous to this time the ear, except from an anatomical standpoint, had been little more than a sealed book regarding methods of treatment Remedial measures were exceeding meagre and few, and little hope was held out for this class of ailments.

Such a state of affairs, however, is a thing of the past, and of the several valuable and efficient means we now possess for the treatment of chronic troubles of the ear, hitherto regarded as incurable, massage applied to this organ stands among the foremost.

This is administered in two forms according to the needs of the case, some requiring both to accomplish the best results.

One form, pneumo-massage, is applied by means of a small specially constructed pump, preferably run by electricity, in which air is used. Three varieties of massage can be obtained by this apparatus, suction, blowing, or both in combination; the selection being based on the requirements of the case. This treatment is valuable in middle ear diseases, especially so when the drum membrane is involved, as well as in an ankylosis of the ossicles of the ear. In many cases, if not too great a degree of adhesion has taken place, this form of treatment is a most efficient means of limbering up this rigidity.

The other form of this treatment, phono-massage, consists of a procedure by which the ear is subjected to sounds generated by an electric apparatus either applied to it direct or conveyed by means of a wire terminating in a telephone or ear piece. This is especially of value in certain troubles of the internal ear, and in an involvement of the auditory nerve. It is alsó a means of relief in that distressing symptom which accompanies so many ear diseases—subjective sounds or tinnitus. From this brief description of these two methods of treatment we at once see that each possesses a therapeutic or curative property of its own, and, therefore, cannot be used indiscriminately or at random lest harm rather than good be the result. Many cases of deafness hitherto regarded as incurable are so benefited by these measures that a comparatively useful amount of hearing has been restored permitting a fulfillment of the ordinary duties and an enjoyment of many of the pleasures of life.

Although this is comparatively a new form of treatment, it has already revolutionized many of the methods of the past for the relief of various chronic diseases of the ears. Strange as it may seem, it still finds opposition in the medical profession, but rarely so except in the case of those who have not tried it, since in the hands of all who have tested its worth it has so frequently yielded such excellent results that they can only speak most favorably of its curative properties.

From the foregoing remarks we may be led to infer in conclusion that the care of the ears in health is rather a negative procedure on our part. In fact, they had best be let alone and not tampered with. But when any trouble occurs in them, owing to their being out of our vision as well as reach, if we wish this condition remedied, should seek the advice of one who can safely delve to their innermost depths and fathom the whys and wherefores of the complaint.

We have here a most intricate piece of mechanism with which to deal. If our watch stops, we take it to the watchmaker; therefore, in the case of our ears, which consist of a machine far more complicated than the finest watch, let us at least take the same amount of care, if not greater, for the maintenance and preservation of their integrity.

Poisoning Among Workmen in Great Britain.

Nine hundred and thirty-six cases of poisoning were reported among British workmen last year. One hundred and eighty-nine of these were due to white lead, and 106 to pottery.—Record.

Addresses.

PRESENT DAY MEDICINE—CURATIVE AND PREVENTIVE.

BY D. H. DEAN, M. D., RUSHVILLE. IND.

(Address at Indiana Institute of Homœopathy.)

Again we are met in annual session of the Indiana Institute of Homœopathy. As your presiding officer, I take pleasure in extending you greeting, and hope I may be able to prove myself worthy the honor you have bestowed upon me. I trust this meeting will show a spirit of enthusiasm in the cause of medicine in general, and of Homœopathy in particular, as never before, and that we may go home feeling that we have not met in vain, feeling that we have reached a higher degree of proficiency and be able to take hold of our work with new zeal. The purpose of a medical society is to mutually instruct, to enthuse and to reconsecrate its members to their work. In order that these conditions may be complied with, every member must take part. Those who complain and speak of medical meetings as failures are generally those who take no active part—the sponges. When they are as willing to impart as to receive instruction these complaints will cease. They then become enthusiastic and see nothing but good in the meetings. Try it, brother! Take part in the discussion, bring out your latent forces and see if you do not go home a better physician.

The physician of the present day should not only be a good Homœopath but one well versed in medicine in general. The man who formulated that definition: "A homœopathic physician is one who adds to his general knowledge of medicine a special knowledge of homœopathic therapeutics [and observes the law of similia (has now been added).—Ed.]. All that pertains to the field of medical learning is his by tradition, by inheritance, by right." That man deserves to have his name written upon the scroll of Fame. This definition is the basis of the homœopathic school of the future, and I believe of all schools eventually, for the signs of the time point to such future liberality.

It means not that we are to weaken in similia, but that it is to have more prominent, special recognition, yet not neglect other means of relief and cure of the sick. The homœopathic school does not advocate similia as the only useful method of combating disease, but it does adhere to it as one of the most powerful and one which no physician of any school can afford to ignore, and one to which the old school will finally come; in fact, has come to a degree, under the guise of "substitutive effect."

We are learning to distinguish when and where the law is applicable. To assert that it is operative in all disturbances of the human organism is unreasonable, and the physician who makes such claims is certainly limiting his usefulness. Frequently we need mechanical and physiological results. Well do I remember in my first days of practice a case of gastric pains, colicky. Prescribing according to similia did no good. An emetic immediately dislodged the cause, an over-feed of cucumbers and onions, and prompt relief was the result. Chemical action is often necessary. Similia does not supply this. Quick stimulation is required in many of our cases, and similia cannot always be relied upon here. It is necessary sometimes to quickly subdue excruciating pain. There may exist the similimum for this, but you will not always have the time to select it. If you take the time the other fellow is liable to get your patient. Says William Boericke: "If I give five grains of Calomel to clear out the intestinal tract, or 1-50 grain of Strychnia to stimulate a failing heart, I make use of the direct physiological action of these drugs by means of a definite, well defined and ascertained dosage. It is perfectly legitimate and rational practice bringing about certain results. It is not homœopathic. It is legitimate and occasionally successful practice. Such direct antipathic practice is indicated at times. It is useful in bridging over certain dangerous symptoms; it is at times life-saving, and every physician true to his calling must be prepared to avail himself of such practice when necessary. It is not limiting Homœopathy, it is legitimate use of measures wholly outside her domain." Antipathic measures in various ways may be turned to good account, and the physician make himself a very essential factor in the allaying of human suffering and saving of many lives. He will subserve the best interests of his patient by taking into account all these various methods, and according to our definition has a right to them and yet call himself a homœopathic physician, for his specialty is similia, and his brightest laurels as a healer of the sick are won by it as a guide. Then let us be sure we thoroughly understand our specialty. In our use of other aids not neglect to give it chief prominence, and use palliatives where good judgment, dictates, and have no fear that thus discriminately used they will militate against homœopathic cure as some of our best results are in cases that have been abused by allopathic drugging. The eminent Pratt says: "For one I confess to being an ardent Homœopath, but my appreciation of its power does not make me a prejudiced student of other laws whose operations are furnishing us with a perpetuallly increasing procession of new facts and happenings which have equal demand upon our careful consideration and full appreciation."

Prominent in this "procession of new facts and happenings" is serum therapy. The value of this form of treatment in some infectious diseases is well established. Especially is this true in diphtheria, and it is not at all an unreasonable proposition, as it is in accordance with nature's method of curing. In a patient afflicted with this disease nature combats the foe by creating antitoxin to antidote the poison. She may be able to create enough of this to neutralize it and the patient recover but in a large proportion of the cases the system is not able to supply it in sufficient quantity. It is a simple proposition to introduce an extra amount of this antitoxin from without and assist. This is being done every day by the best men in the profession, and with results that establish its efficiency beyond all doubt. Dr. Goodno says: "The treatment of diphtheria by means of its antitoxin is so certain in its results and now so generally practiced by well informed physicians that its neglect is horrifying. I

consider the treatment specific. It practically never fails unless its application is too long delayed." Dr. Bleim speaks with equal emphasis. He says he believes in it because he has tried it, because he has had good results, and because he has had better results with it than with any other means. No one who knows Dr. Bleim can read his article and not be convinced of the power for good of this remedy.

On the other hand, Dr. Fisher speaks with the same emphasis to the contrary. While he acknowledged that the old school has reduced the mortality from 36 per cent. to 16½ per cent., he thinks this a poor showing compared with results of homœopathic treatment, which shows a mortality of only 7 per cent. We are proud of this low death rate, but what about that 7 per cent. loss? Might we not be able to save some of these if we apply the serum treatment? If the old school has so greatly reduced its death rate, might we not be able to cut our mortality in half by a judicious use of the serum? Let us not be prejudiced against this polluted horse serum, so-called, by Dr. Fisher. It is not polluted but purified by nature's reaction against the diphtheria poison. But call it polluted if you prefer. Is there not great pollution in the blood of the child stricken with diphtheria? This very pollution in the horse serum proves itself the antidote. Remember Shakespeare's lines:

"Take thou some new infection to the eye,
That the rank poison of the old may die."

Let us not be slow to seek the good where it may be found, and add to our general knowledge of medicine such facts as can be so clearly demonstrated as the use of diphtheria antitoxin. If you want to demonstrate it give two guinea pigs the toxin of diphtheria and give enough to kill two or three. Now give to one antitoxin, and that one will survive, while the other goes on to sure death. But note, injections of solutions of carbolic acid or trikersol fail in this test. Is similia any more of a science than this, and can we who espouse its cause throw this aside without careful investigation?

Ardent scientists are still at work upon various antitoxins, and at no distant day others of our dread diseases may be coped with in a similar successful manner. The tetanus serum has already proven itself a valuable remedy when early used. Tetanus artificially produced in guinea pigs is promptly controlled by the serum.

Pneumonia is being successfully treated with its serum by such eminent men as its originator, Prof. Pain, of the Royal University of Naples; by Dr. Little, of Lynn Hospital, and by Dr. Thayer, who, in Progressive Medicine, gives a list of serum observers who with serum reduced the mortality to less than one-half, that under the ordinary allopathic treatment, which is not saying much, as compared with homœopathic treatment, yet it will find its place no doubt in time as adjuvant to even homœopathic treatment.

Dr. Chas. Jacobs, of Brussels, after several years of persistent research, has succeeded in perfecting a serum destructive to the bacillus of Koch without reacting unfavorably in any way on the human system. The doctor, an able and conscientious man, has used it successfully in all forms of localized tuberculosis of larynx, lungs, intestines, peritoneum, bones and glands. It is observed that "latent foci," quiescent indurated nodules are aroused to activity as by no other agent, and then rapidly reduced; old fibrous nodules are transformed into active inflammatory tumefactions which soon soften and disappear in the space of three weeks, with two injections a week. Large tubercular abscesses are cured by the same agent, though more slowly. Tubercular nodules of the skin and diseased glands yield to this treatment in from six weeks to three months.

These serums are proving valuable aids to practitioners of all schools, though more to those of the old school, whose methods in therapeutics are inferior to those of the homœopathic, as shown by their higher per cent. of mortality in all diseases. Yet the Homœopaths do not by any means cure all their cases, and are not doing their duty if they do not strive to reduce this mortality, however much lower it may be than that of the old school, by such means as the judicious use of well known serums in connection with similia, learning to select cases in which each is applicable, or assist our therapeutic methods in those cases that do not respond promptly. Along this line there is no doubt of our ability to greatly reduce our present mortality.

Vaccination.

Along the serum line there is another innovation into the field of medicine, not any more recent, however, than is Homœopathy, which was a decided innovation into this field, and that is vaccination. This is a hackneyed subject. It has been exalted to the heavens, and it has been held up for derision, but, like Homœopathy, it seems to be standing the test of time, and, really, is there not in it some similarity to the theory of this system? Belladonna produces a rash, a sore throat, a high fever, severe headache, delirium; a picture of scarlet fever, and it is the leading remedy for that disease; in fact, in the experience of many a preventive when given in attenuation. The virus of small-pox after attenuation through a series of heifers is administered by scarification. The belladonna sets up a reaction of the vital forces which creates a preventive or curative agent. The serum causes a reaction of the vital energies, and what is denominated antitoxins are produced acting as a preventive if given in time, or a modifyer if given after exposure.

But, as in Homœopathy, we do not rest our cause upon theory but actual experience and results, so in vaccination, results show its value. True, there have been some disastrous results. Tetanus has resulted in comparatively few instnaces, but because of this should we discard it? Has not chloroform caused some deaths? We do not condemn that. We get a purer article and look more carefully to the administration. The tetanus germ is easily recognizable, and the best manufacturers are putting out serum not only positively free from the tetanus, but all extraneous organisms, hence no serious results need

be feared with proper care in inoculation and proper after care.

But the unfortunate thing is that this can not be said of all producers, and there will always be danger of impure virus as long as any and everybody is free to manufacture and put it on the market. If the manufacturing were under governmental control, as it is in England and Germany, we might rest assured of a pure virus. This, with aseptic methods of inoculation and proper after-care, will render vaccination one of humanity's greatest boons; if indeed, it is not already such. We need only to turn to statistics, Homœopathy's resort, when its system is criticised to prove the merits of vaccination. Our neighbor, Knightstown, gives a striking illustration of its efficiency. In her epidemic last fall there were a total of eighty-seven cases of small-pox. Out of this number twelve died, and not a single one of these had ever been vaccinated, and thirty-seven of the surviving cases were vaccinated after exposure. These aborted in the vesicular stage. The number of known exposures after vaccination was two hundred and twelve, and not one of these contracted the disease. These known exposures were those who remained in-doors and nursed cases of small-pox.

This is a good showing on a small scale. To show a like efficiency on a larger scale you need but study statistics of the last ten years in Chicago. Dr. Herman Spalding, chief medical inspector, says that vaccination repeated until susceptibility is exhausted is an absolute protection against small-pox. This is the protection given all employees of the health department while caring for the sick and burying the dead from small-pox, and not one thus protected ever contracted the disease. All the police, over three thousand, are thus protected, and in ten years not a case among this class. 265,000 school children are so protected, and in ten years only seven cases in this class, and these had false certificates of vaccination. So not a single well vaccinated child has had small-pox, yet a severe epidemic occurred in 1894-'95 and a mild epidemic during the last three years. During the last ten years over 600 medical students, after thorough vaccination, have been admitted to the isolation hospital to study small-pox, and not one ever contracted the disease.

Then turn to the Island of Porto Rico. It was completely over-run with small-pox at the beginning of its new career as a state. Over 3,000 new cases were reported, and it had not been free from the disease in many years. Vaccination was instituted in February, 1899, and by July almost every inhabitant was inoculated, with the result that during the three following years, instead of 621 deaths per year, there were but two. It may be argued that improved sanitation accounts for this great showing in the island. Results in Cleveland along this line disprove this. There, in spite of the best sanitation, neglected vaccinations allowed the disease to return in its worst form, but subsequent vaccination has stamped it out.

So I urge that we stand by that which the majority of careful medical men accept as positive prophylactic, and not array ourselves on the side of the anti-vaccinationists until they can prove the inefficiency of vaccination and show us a better means of combating the disease.

The White Plague.

I would that we were as successful in preventive medicine with tuberculosis. The white plague, with its 100,000 victims annually in the United States, its half million in the five great nations of Europe, and no doubt enough in the other continents of the globe to make up the million, seems to march on each year with only slight decrease in pace. In recent years more thought is being given by medical organizations as to the means of prevention and cure. Leagues are being organized whose special mission is to instruct the laity as to sanitation along this line. Their further duty should be to instruct as to proper marriage. While this may be a contagious disease, hereditary is an all important factor in its propagation. It is to be hoped that these leagues will multiply rapidly in all quarters of the world, and that they will be fearless in dealing with people, to the end that they may have proper regard for sanitation and marriage as means of conquering this plague. Not only do we look to these leagues as teachers of prevention, but as builders of institutions everywhere for the cure of the innumerable sick of this malady, for well equipped sanitoria are demonstrating its curability to a surprising degree. At present only about 10 per cent. of the sick from consumption are able financially to avail themselves of this form of treatment, but the time will come in all probability when the State will aid in establishing these institutions, and it can well afford it; in fact, it will be a good investment when estimating the loss of valuable and wealth producing citizens who might be saved. The duty of all physicians is to look to organization along this line, to the end that the world may be well supplied with these institutions, and the afflicted with tuberculosis everywhere be placed therein, while the disease is in its incipiency, for it is being demonstrated that when these patients are received in early stages many cures are made, and it is further proven that these sanitoria do not of necessity have to be located in certain climates for good results. Then, look to the location in the midst of the stricken that the rich and poor alike may share in the benefit and thus initiate the retreat of another dread disease of mankind.

Typhoid Fever.

It is to the shame of the medical profession that typhoid fever has its thousands of victims annually. This is a preventable disease, and it is to be hoped that the medical world will not continue in its lethargy and guilt, but arouse itself to activity along this line and instruct mankind as to the means of prevention. It is the duty of every physician to be a self-appointed instructor to all in his parish as to sanitary means, drainage, ventilation, water and milk supply, etc., etc. The Ithaca episode is a striking illustration of neglected sanitation, and will not likely be repeated in that locality, but the horror is the great sacrifice of human life before the lesson is learned.

The physicians and authorities were sleeping

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while the deadly germ lurked and multiplied in the stagnant pools and streams, until breaking its bounds, it infected the hundreds of human beings with results known to all. It is our duty as physicians to be wide awake to the health interest of the community, not only seeking to cure the sick, but prevent disease as well, and this requires that we be ever upon the alert in all hygienic measures. We must be open-minded and liberal, and ready to do that for the interest of both the sick and the well that unprejudiced investigation dictates. But we do not have to join an allopathic society to do this; in fact, that very act would join us to a body the very personification of prejudice. The spirit of genuine liberality would be crushed at once. While you may find there a few liberal men, the majority persistently and blindly ignore similia. A few among them study our methods and herald through their medical journals new (?) therapeutic uses of remedies which are taken up by their rank and file and used empirically. This is carried on to such an extent that a present day allopathic work on treatment is in part a very crude homœopathic affair without any credit given. Look Bartholow's work over and you'll find many ideas borrowed from our Materia Medica; yet he calls us quacks in these same books. Dr. Auld's Cuprum metallicum in 1-3200 grain doses for cholera morbus and other bowel disorders of like nature, and Rhus tox. for rheumatism, are also copied, but no credit given, and he brands us as quacks. If their best men are so unfair as to steal our thunder and call us names, we would do well to be a little cautious about accepting their invitations to join them. They would likely make it unpleasant for us after the ceremony is said. One of two things would result if the amalgamation scheme is consummated. Either similia must not be taught, or, being taught, we may expect to be continuously at swords' points. Why, in our own ranks we hardly dare touch the potency question. Let's settle some of our differences before undertaking other contracts. Harmonizing our views with those of the old school would prove a difficult undertaking. Why burden ourselves with any such, and what are we to gain in exchange for what they insist we shall give up, our sectarian name, which designates our specialty? Verily, the amalgamation scheme is an annihilation scheme.

A Dr. Rockwell, in American Medicine, says: "Homœopathy has been organically declining ever since active opposition on the part of the old school has ceased." When did it cease we would ask? The old method may not be so radical, but a new one, a more dangerous one, is conceived. Lure us into their fold, appropriate our good which our phenomenal success proves to them we possess, squelch our distinctiveness and the battle is theirs. This is a distinction without a difference. It means the same thing. Like the colored man who, when asked if he were the defendant, replied, "No, sah, I'se de gemman what stole de chickens."

Dr. Rockwell advocates amalgamation, but at the same time says it is unpleasant to see Homœopathy taught as an elective or selective affinity; a vital point in our system, a thing we have seen verified too many times to believe there is nothing in it. Who has not time and again seen Sanguinaria relieve like magic a headache beginning in occiput and extending to a point over the right eye; or Lachesis quickly subdue a left-side tonsillitis, dark and purple in hue; or Spigelia cure, and that often after rank drugging, a left supraorbital nueralgia, etc., etc." He further says, it is idle to expect to see homœopathic Materia Medica taught as such in the non-sectarian medical school. Then, what shall we do, join the old school and throw our Materia Medica to the winds?

We are not ready to die. Homœopathy is not a delusion of the Salem witchcraft kind. It's more like the law of gravitation, and must be leader in therapeutics for all time, and we cannot afford to throw it away just when the fight is won. The very fact of these overtures of the old school is evidence of their appreciation of the worth of the system. They do not believe we are dying. If they did they would be only too glad to leave us to such a fate. They tell us we are declining. Very kind of them to pick us up. They tell us our colleges are not turning out so many graduates as formerly. That is true, but it is also true of them. In 1901 there were 4,879 graduates from all old school colleges in the United States, and 384 from our school. In 1902, 4,498 from former, and 336 from the latter, showing a decrease of graduates from the old school colleges of 19½ per cent., while ours shows a decrease of only 14½ per cent. The decresae is well accounted for in the increased demands on students, higher qualifications and more time. Technical schools are more numerous than formerly, and many young men are drawn to them on account of increasing demand of the various industries for graduates of these schools. This offers quicker returns than the struggle of the first few years of the physician. No, we are not dying. The homœopathic school is stronger today than ever before, and I would impress upon you that we constitute the liberal school. Our specialty is homœopathic therapeutics which denominates us and constitutes our main-spring of action, yet we add to this all medical knowledge that may be used to advantage in combating and preventing disease, and are superior to our medical brother, the allopath, to the extent of our knowledge of similia, a system of which he knows little except in an empirical way, and when he is ready to kneel at this shrine and learn from the true source, when he ceases to ridicule and give the time thus employed in honest investigation, when he is willing to allow us to name at least some of the conditions under which we shall join them, and when he is ready to accord Homœopathy its just dues, then, and only then, will we admit in this union may be strength.

"Extension

Of the septic products along the vascular highways is prevented by the use of Antiphlogistine."

"Antiphlogistine

Renders ready service to the patient and physician by promptness and positiveness of action."

THE SPIRIT OF THE TIMES.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

(Response to a toast at the annual banquet of the Homœopathic College, University of Michigan.)

Ladies and Gentlemen—The sentiment of this topic is plainly manifest by observing the assembly gathered around this festal board. It recalls to mind a few lines from that beautiful poem of our departed Helmuth, read at the unveiling of the Hahnemann monument at Washington in June, 1900.

"Look down, O spirit, from thine unknown sphere,
Behold the days of persecution past;
See this assemblage of thy followers here
Proclaim the triumph of the truth at last."

On receiving a courteous invitation from Prof. Hinsdale to say something on "The Spirit of the Times" I confess I was at a loss to know why I was selected. My first impression was that it was because he thought I knew all about the subject. This was indeed flattering, but on second thought it occurred to me, perhaps it was because he thought I didn't know anything about it, basing his hopes for a talk on the principle that those who know nothing fear nothing. Possibly it was because, coming from Ohio as he did, he knew how liberally we use the word spirit in our State, sometimes even ardently pluralizing the term.

There are occasions when it is well to scan the horizon for the signs of the times. We are to estimate all past experience, determine that of the present, and prognosticate that of the future.

In discussing this topic much depends upon the point of outlook. We naturally view it from our own professional pinnacle.

Of the three learned professions that are said to develop from, and thrive upon, the sins of the people, ours has been described as a native product of the soil, springing from the necessities of the people, hence its special importance.

Advance in Medical Thought.

The most important feature of the times is undoubtedly the great advance made along all educational lines of thought, none more than medical thought. And it is a satisfaction to know that in *elevating the* standard of medical education the American Institute of Homœopathy, the oldest national medical society in this country, took a prominent part. It was first to raise the standard for medical colleges to three years, and finally to the four years course. Furthermore, it was a homœopathic college that took the initiatory in the movement.

Medical education may be considered from the standpoint of the specialist, from that of the general practitioner, and from that of the Homœopathits. Did I say Homœopathist? Yes, for I believe we can yet, for a little while at least, use this appellation.

In this age of needed specialists medicine rightfully has her proportion, and while this division of work into sections is all right, yet it doesn't leave much for the old time-honored family doctor, his mission seems about ended.

There are so many colleges and post-graduate courses for teaching all of these specialties that some one has suggested that there be a new one founded for the general practitioner alone. It is to be in Chicago, where a new medical college is never a surprise. I recently asked an M. D. from the Windy City whether there were any new colleges there recently, and he answered that he didn't know, for he had been away two weeks.

In this great university you have noted specialists ranking with those high in authority.

For example, it is evident that your oculist can enucleate the visual organ so neatly that when he fits the artificial eye it is so very natural that even the possessor himself can't see through the deception.

Your widely known neurologist is renowned for many things. He is not only a fine linguist, an able lecturer and author, but, like all editors, knows something of everything.

None need question but what you have a skilled gynæcologist. His very countenance shows that, with his high receding forehead.

The surgeon of your faculty has shown us what he is by his works, for certainly he carves his way most artistically.

Well, how about our dean, the flower of the flock? The one who comes nearest being a general practitioner of any of them, for he teaches what it left after the specialists are through. He comes in at the general round-up, and no mistake his part is well done. Through his wise judgment we have at this practitioners' course superior imported talent for the medical and dermatological clinics. He realized that these two important branches are commonly neglected in post-graduate work.

As a pastime, or for recreation, our noble dean serves most efficiently at the head of the Olfactory Committee for the city of Ann Arbor. And, be it ever remembered, that to be a thorough sanitarian is no minor specialty; so he, too, is a specialist.

Students, after all, if you ever intend to be specialists, and doubtless all of you do, first devote five to ten years to general practice. You will need this experience to prevent you from too often endeavoring to bring the etiology of your patients' afflictions to accord with your specialty. But, whether you be a specialist or a general practitioner, be a good one.

The standard college requirements are higher and the facilities for obtaining a thorough medical education are far better today than ever before. A good majority of the recent graduates who come before the Ohio Medical Board for license to practice in our State are well prepared, and, it is not flattery to say, those coming from Ann Arbor have stood at the top in their grades. Note, old practitioners, I said recent graduates. We have decided that heretofore our grading has been too liberal, the questions too simple, or the applicants are what they ought to be, qualified to practice medicine and surgery, most likely the latter. I will say, for the benefit of those present, who may come before us sometime, that we have concluded to make our future examinations more rigid, knowing full well that you can pass them successfully.

The Amalgamation Scheme.

The vital and most spirited question of the day is the proposed amalgamation or absorption scheme now working by the dominant school of practice. There is most decidedly spirit in the movement, possibly an evil spirit. However, this controversy is worrying our dear brethren far more than it does us. Why is this? Is it because they admire us more than formerly? We hardly think so.

This trouble over the code is not of our seeking or our making. It concerns us but little. It is simply one of the signs of the times, of which we may be proud, without exultation, worry or anxiety.

We have no cause to ask great favors, nor step down an inch from the position achieved. Homœopathy stands higher today than ever before. It has been tried as in a furnace, and has not been found wanting, and is yet full of hope and promise, notwithstanding agnosticism may have invaded our therapeutics.

The sentiment against our mode of practice is not generally as antagonistic as in the days when some of us, who are now on the downward hill of life, began to practice. Now some of the old school are honestly liberal and generous towards us, but the liberals are not yet the leaders. Then we were openly persecuted, slandered and ridiculed on all sides; seldom any friendship or affiliation was to be found. It required backbone to be a homœopathic physician, or to conduct a homœopathic medical college in those days. The early history of this department of Michigan University is the history of the most vigilant war.

Prof. Samuel A. Jones, the first dean of the college, the gallant old veteran, passed through many a hard-fought battle on this field for the cause of truth and right. May he ever receive the credit due him is our earnest wish.

As an example of those trying times permit us to use a reference taken from an old copy of the Medical Advance for June, 1876, at the end of the first year's college work. It is as follows:

"The old school medical society recently held its annual session, which from reports was a fearfully stormy affair. The great eye-sore is Homœopathy in the university. At present the air is full of the spirit of slaughter, and the demand for blood is emphatic.

"A professor of the university faculty said that he and his colleagues deprecated their association with Homœopathy and have accepted it unwillingly. He thought they had the monster by the throat now, and if the society would leave them alone they would strangle it. He had had his resignation in writing, and in a letter to Dr. Grosse painted the hum-bug blacker than any other members had painted it.

"His course of actions was approved by medical friends in Europe, Scotland and America. The last winter pretty nearly disgusted all students of the homœopathic department, as well as the two illustrious professors who teach it. If in future years Homœopathy is in the university it will be the fault of the society which is now badgering the faculty."

We are happy in the fact that this prophesy never has been and never will be fulfilled. Thanks to the wideawake Homœopathists of Michigan.

The same element after failing to extinguish our light by this and many other similar hostile procedures changed their tactics and entered the political arena, thereby hoping to legislate us out of the way by conducting what politicians term a gum-shoe campaign. But again they failed, and instead of accomplishing their designs they have with our aid legislated us into a most animated existence, much to their chagrin and disgust. Their single professed motive was to elevate professional standards, and in this we were always with them, ever standing ready to go a notch or more higher.

The present course adopted by these leaders is this amalgamation project. It would seem that rather suddenly they have discovered that though ignorant some few of us are honest and do have a little influence in the profession. But the fact is these fellows have no more love for us than they had before. We have merely forced them to respect us.

There is no more disposition to accord Homœopathy its rights and privileges than there was twenty-five years ago. There is no more idea of justice in this last plan than in former methods, but there is more intrigue about it. What these radicals could not gain by open warfare, and next by legal enactment, they now seek to gain by guile. They never ask us to meet them half way. Oh, no, we must abandon all.

When asked to join their societies, under their present plan, we feel like answering them as Wendell Phillips, the noted abolitionist, once did a certain divine in Boston who was a Southern sympathizer.

Going up to the orator he said: "You are Mr. Phillips, I am told?" "Yes, sir." "I should like to speak to you about something, and I trust, sir, you will not be offended." "There is no fear of it," was the sturdy reply, and then the minister began to ask Mr. Phillips earnestly why he persisted in stirring up such an unfriendly agitation in one part of the country about an evil that existed in another part. "Why," said the clergyman, "do you not go south and kick up this fuss and let the north be in peace?" Mr. Phillips was not the least ruffled, and answered, smiling: "You, sir, I presume, are a minister of the gospel?" "I am, sir," said the clergyman. "And your calling is to save souls from hell." "Exactly, sir." "Well, why don't you go there?"

We know some do earnestly object to threshing over this old straw, but there are times when certain reviewing is needed.

The American Medical Association has never realized that there can be no better ethical guide than the Golden Rule. There has never been published on medical ethics a grander nor more honest literary production than the address of Carroll Dunham delivered before the American Institute in 1870; subject, "Liberty of Medical Opinion and Action: a Vital Necessity and a Great Responsibility." The Golden Rule was his text. All homœopathic physicians who have not read it should do so. This class, as a whole, could not spend a more

profitable hour than to have Prof. Dewey read this address, and comment on the same.

The absorption plan, to take the sectarians in, and it is a take in, was inaugurated by a most talented ex-president of the American Medical Association. By request I heard him read his first paper on the subject at Dayton, Ohio, at which time a non-sectarian medical society was organized, including members of all schools, with the understanding that sect was never to be mentioned. This new society has not proven to be the success that was hoped for it by the founders.

The project is moving all over the country, but not smoothly. The trap has been sprung, but it is not inveigling into the meshes of the nets as many victims as was expected, for the bait is not the most tempting, neither is it proving palatable, besides it is entirely too expensive for us.

Hear what they have to say in their latest advice on this professional trust, embodied in a recent paper by Dr. McCormick, of Kentucky; title, "Medical Organizations, Methods and Benefits." This special section is as follows:

"Admission of former sectarians."

"Under the present plan of organization this is a question which each county society must decide for itself. It is a question, too, about which there is room for honest difference of opinion. The habits of thought and prejudice of a life time cannot be overcome in a day, even though conditions causing them have largely disappeared. There need be no haste about it, and with the element of time, and an abundance of good temper on all sides, a fair and just consideration of the rights and interests of all concerned can be secured. As a matter of expediency it will usually be better not to invite persons about whom there is likely to be any dispute to the initial meeting. Their presence might interfere with the free consideration of the subject which its importance demands, or some injudicious person on either side might give or take offense. After the society is organized it can decide whether or not it will consider the matter, then refer it to a committee to report at some future meeting, or postpone it indefinitely. It will be found that the objections to the admission of these people are usually founded on a misconception of the provisions for it made in the by-laws. If legally registered and otherwise reputable, they are entitled to membership on condition that they have or will sever their connection with all sectarian organizations, and come to us as citizens, not aliens. When so elected they are no longer Homœopaths or eclectics, but are promoted to be plain physicians, like the other of us. Many of them are entirely worthy of admission. It will be found that most of them became sectarians by chance, as it were, and attended college and graduated before they really knew anything of sects or systems of medicine. Most of them have been broadened by actual experience until they differ from us in views and methods as little as we differ from each other, and have long been Homœopaths or eclectics only in name. Many of them are recognized as physicians of ability, and as powers for good in the community, and if they are willing to meet the conditions of our invitation made fair and honorable for them and us, and come into an organization in which they are hopelessly outnumbered, there seems every reason for accepting them, especially as in most sections they are so few in numbers as to be cut off from any society unless they join ours. It is due all concerned that this whole matter should be dealt with in a spirit of the utmost frankness and kindness, so that a suggestion made in the interest of harmony may not, by either actions of design, be turned in—an apple of discord."

Now, what do you think of that? Isn't it a genuine vortex? Will we submit to such designs? Dare we submit? No, not so long as they make no concessions whatever regarding our method of practice. We can forgive, but can't forget that it has long been said that the best prophet of the future is the past.

The specific charge is the sin of sectarianism a sin against general medicine, which in their eyes is greater than all, and past forgiveness.

"We are constantly told that general medicine is not a sect, yet our critics ignore the fact that a sect is distinguished far more by a refusal to examine and discuss any new principle, and the rigid exclusion thereof, than it is by the rigid adhesion to one." They never can repress opinion and practice where it applies to the treatment of disease.

The fact of the matter is, we haven't asked them to be admitted into their organizations, and, as the "Denver Critique" puts it, "we do object to the homœopathic lambkin serving as an internal ornament to the allopathic lion." The lion must first assure us that he will behave himself before we accept his caresses.

They asked us to discard that shibboleth which makes us a unit, accepting empiricism with no guide, and with them wander bewildered in medical darkness, not agreeing among themselves in views of disease or its treatment.

"We endeavor to be practical physicians, rejecting nothing that is truly useful, are free to admit that such practical facts (empirically proven results) may here and there fill up considerable gaps in the homœopathic use of our own Materia Medica." Though Homœopathists should conscientiously endeavor to make allopathic therapeutics superfluous by demonstrating the superiority of their own, they insist that we drop the name homœopathic, thereby obliterating our distinctive school, our hospitals, colleges and our literature. We entertain little sympathy for those who deliberately pull down the flag of Homœopathy, repudiate the name, and thereby betray the cause. By accepting their invitation we are not even permitted to cling to the skirts of Homœopathy. What a spectacle that would present. As for this apparent cordiality, it is like in kind with that manifested in "A Modoc council, where the pipe of peace is held out with the right hand, while the tomahawk is grasped under the blanket with the left, and negotiations for peace are mingled with plans for a future massacre."

Union of Schools.

"When will the schools unite, for that time is bound to come? When similia is admitted to be a law of practice, a truth which any medical man can

hold without being subject to contempt; when it is taught in all medical schools, leaving the option with the student; when the public hospitals are open for service without discrimination; when service in army and navy is open to us, then we will abandon our separate organization, into which our fathers were forced, and we can then do so without fear, because the truth will demonstrate itself."

Union will not occur until Hahnemann's memory ceases to be libeled, not before the truth which he developed and established in a scientific spirit is acknowledged by the general profession.

Coming graduates, until that time does come, it is earnestly desired that you ever aid us in defending the grand old insignia, similia similibus curentur.

"Then if the past has made us what we are,
The present still has work for us to do,
And guided by the lustre of that star,
The gates of truth shall open to their view."

Legislation.

MEDICO-LEGAL RESPONSIBILITIES IN RELATION TO THE INSANE.

BY FREDERICK F. TEAL, M. D., EX-SUPT. NORFOLK HOSPITAL FOR THE INSANE.

The relation of the general practitioner to the disease insanity, *per se,* is not a very close one, but there are in addition to the medical certain social and legal responsibiltes thrown on him which at times are important and grave, and which demand on his part a nice discrimination and display of tact and diplomacy not so necessary in any other branch of medicine.

To take a case of insanity, one of the common responsibilities met with is that of treating patients at home. This means the hiring of a nurse, the possible application of restraint and detention of the patient from business. This is one of the most difficult responsibilities to get through with successfully. Legally, a physician has no right to enforce such discipline; hence his course is clearly defined. He must only advise such measures. The responsibility of action must rest on the relatives, friends or guardian. Even the attendants or nurses are to act under the orders of such persons, who follow the advice of the physician. This is the only safe course to take, otherwise he may have to encounter all sorts of unpleasant legal entanglements. These people do not appreciate the fuss and feathers made over them; they will repudiate any suggestion of their being ill or mentally incapacitated, and in their extraordinarily dignified way, ignore valuable and well-meant advice to them. Anyone having anything to do with their restraint they threaten with all sorts of dire consequences. So, I say, the physician cannot afford to be an active party to a patient's forcible detention. He may advise strongly that such measures be taken, but he must not *act* in the matter.

The most common of responsibilities relates to the commitment of patients to hospitals or asylums. The general public is still in the dark as to the actual workings and advantages of our state hospitals for insane. The "madhouse," with its "shrieking," "raving," "murderous" inmates, is more a picture than a reality. These institutions are not yet all they should be in some localities; there are still old-fashioned asylums where victims of dethroned reason are consigned, to get them out of the way. And we still hear of poor demented creatures being abused and mis-treated by brutal and vicious attendants; but happily these instances are the exception rather than the rule.

Trace the evolution of the care of the insane. At first these unfortunates were outcasts in every respect. They lived in caves, running wild in the woods, and subsisting on herbs, nuts, fruits, etc. These were the people who were commonly accounted as possessed of a devil.

From this condition of affairs was developed the necessity of confining these madmen. For this purpose dungeons, manacles and chains were brought into use. It used to be the fashion for the up-to-date novelist to depict in one of his chapters a mad person, with glowing eyes, streaming hair, long finger-nails and other ferocious looking accompaniments; to this was added the rattling of chains and manacles, and visions of the unfortunate lunatic being strung up on tiptoe by the thumbs, or bound down and a drop of water allowed to play gently on the person's head at the rate of one drop per second. This was to discipline him. Gradually has this condition of affairs been done away with. Asylums were erected, the "inmates" were treated as human beings. They were given comfortable quarters, good food, and hygienic surroundings, but still the ever-present manacles, strait-jackets and other well-meant but harmful appliances were used. This was the asylum of a few years ago.

Finally, out of all this has grown the "hospital idea." Manacles and strait-jackets were eliminated in the management of our insane hospitals. Instead of being "inmates," they are now patients; they are looked on in the light of *diseased* persons; they are treated kindly but firmly. The diet is individualized, and they are given the best of trained nursing and medical attendance. Do not, then, foster the idea of relatives and friends of a patient who is about to be committed to a hospital for insane, that he is entering a "Bridge of Sighs." In many instances the motto over the door might well be, "Still hope, all who enter here." If possible, a patient should be delivered to the hospital without restraint, and the sheriff or deputy should be so instructed in this respect; and on no account should a patient be deceived as to his destination. Many a poor unfortunate has been placed beyond the chance of recovery through shock encountered on realizing that he had been placed in an insane hospital under false pretenses. Put yourself in his position. You are "hustled" unconsciously to a large brick building thinking that it is an ordinary hospital. You notice bars on the window. After your handcuffs and ropes are removed, you are taken to the receiving ward, where there seems to be considerable commotion and many queer looking and queer acting people. You do not like their looks. You are not given the privilege of a room on the first, or on any

floor, nor asked as to whether you prefer running water and a bath in connection. You are made to take a bath whether you need it or not; your good clothes are taken off and your valuables spirited away. How many of you, sane or insane, would go through such an experience without giving a good account of yourselves? You might have only a few harmless delusions, and yet on account of your poor, befuddled brain not having been notified at the start that it was to be sent to a brain factory, you would naturally make strenuous objections to such treatment. The result is you are entered on the records "Maniacal on entering the hospital—homicidal!"

The procedure of commitment to State hospitals for insane is similar in many of the States. In all of them a physician is required to record the examination, or fill out the certificate, and here is where many physicians fail in their duty, both to themselves and to the patient. For the good of the patient and the benefit of the hospital physicians this certificate should be most carefully filled out. Give as complete answers as possible to all questions, not forgetting the date, residence, etc. Get all the information you can as to the family history. "Don't know" a great many times means "too lazy to find out." These things are of great importance in making a prognosis, which always means much to friends and relatives. Get all the facts you can as to the previous history and the beginning of the present attack. In taking the testimony of friends or relatives, bear in mind always that they may have some ulterior motive back of their answers. Assume always that your patient is sane, and then try to prove the insanity. No reproach could hardly be worse than the consciousness of having committed a person, mentally healthy, to a house of mentally diseased individuals. In dealing with the witnesses pin them down and require of them *facts*. Such statements as "thinks he is rich," "imagines he is persecuted," etc., may not be delusions at all. "Reads his Bible a good deal of the time," "walks the floor a good deal of the time," "walks the floor at night for hours," "constantly brooding over the death of his wife," and such answers are not always indicative of mental disease. Put down all delusions, illusions and hallucinations as accurately as possible.

In making the personal examination, notice the physical condition of the patient, facial expression, whether the hair and skin is dry and harsh; note any unusual odor about the person. Many times there is incoherency of speech. Test his reasoning power, and also his memory. Many times it will be difficult to make a satisfactory examination; but be as accurate as possible, and after your task is finished, go over the certificate a second time. If you are finally convinced that the person is a fit subject for detention, say so, but do not be afraid to state you do not know for certain what form of insanity is present, if you happen to be in doubt as to the diagnosis. The best of men are unable many times to make a correct diagnosis even after observation extending over a period of weeks.

After your certificate is filled out, what is to be your guide as to the advisability of commitment? I will quote, in answer, one of the leading alienists of the day: "I would say that the chief things that constitute the statutory fitness are—dangerous to themselves or others, disturbance of the public peace, inability to care for and manage themselves and their affairs, acute mental symptoms of any kind or amenability to curative treatment which cannot be applied without certification." A third responsibility met with on the part of medical men is that in relation to the making of wills or contracts, management of a business, the responsibility of criminals, etc. You are asked to decide the sanity or insanity of a person as to wills. You may be called on to testify as to a man's capacity or ability to make a will, his "testamentary capacity," as it is called. Make it a rule to see the subject alone. Ascertain, first, if he is free from drugs, if it is his voluntary statement he is to sign, if he knows what he is to sign, and whether he is being influenced by forces from without. Then note his physical and mental condition. If his bequests are of a peculiar or unreasonable nature apparently, get his reasons for making them. If he is changing a bequest, get him to state his reason therefor. Test his memory, especially as regards the names of his relatives. He may forget, if he is very weak, to put down the names of persons whom he desires to benefit. Finally, have him state each item of the will carefully; wait a quarter or half hour and see if he can remember its provisions; that is, if he lives that long. It frequently happens that a will is signed almost with the last breath. Ask no leading questions, or anything that would tend to bias the patient's judgment. The same rules apply in the making of contracts.

Responsibility of Criminals.

In regard to our relations in a criminal case we are called on to decide one question: "Is the criminal responsible?" The definitions of "responsibility" in the sense used are without number almost. I quote from different authors giving only a few of them:

(a) "Unless a person is as irresponsible as a wild beast he should be held to account for his acts." (An old one.)

(b) "A knowledge of right and wrong is necessary to have responsibility."

(c) "Responsibility should be determined according to the person's habit and repute among his friends and associates."

A very good test of a person's responsibility is his power of controlling his actions. If you are satisfied that he is unable to control his actions, put him down as not responsible. This is, of course, very difficult in borderland cases. In this connection it might be well to inquire what is the definition of insanity. Many authorities advise that if you are asked this in court, to state that it cannot be defined accurately. Most of the definitions commonly given embrace cerebral hæmorrhage, pressure from depressed bone and other affections not properly insanity. I give one by Wm. A. Hammond as one that covers the ground pretty well. He says that it is "a general or partial derangement of one or more faculties of the mind, which, whilst not abolishing consciousness, prevents freedom of mind or action." Growing out of the multiplicity of de-

finitions of insanity is the gradually growing contempt of judges and juries for "expert testimony." Two physicians will go on the stand and will be recorded in the same case as diametrically opposed in their conclusions. Undoubtedly, this has been due in the past to the elastic state of the definition of insanity. The borderland cases give the most trouble in this respect, and cause the greatest divergence of opinion.

Occasionally you will be called to test the sanity or insanity of a malingerer. This is not so difficult as it might seem at first, though, while he may be remarkably adept at feigning delusions, there are certain features that cannot be imitated. The insane odor is one not soon forgotten, and is characteristic. In a genuine case the skin is dry and harsh, also the lips. A person who is feigning a case of acute mania will not have a rise in temperature, and will have perspiration. These conditions are opposite in a genuine case. The malingerer usually overdoes the thing. He will be as depressed as the most confirmed melancholic, and as exalted as the most maniacal, almost at the same time.

Physicians may be consulted on the question of marriage of neurotics and other stigmatized persons. There are difficulties that lie in front of us here. The instinct of love in the human race is strong, and it will usually overcome reason. We all realize the uselessness of giving advice in matters of this kind But our duty is clear, and the right advice should be given, even though we know it will not be followed. The coming generation must be considered. Marriages sometimes help neurotics, but the chances are that the children of this union will be heirs to disordered nervous systems. Again, neurotic women make bad mothers and poor wives, and it is the offspring of such parents that fill our insanse hospitals. The recommendation of marriage as a cure for masturbation is vicious, and more especially so as it does not cure the habit in a confirmed masturbator. A man or woman with a hereditary taint, who has symptoms of insanity should not marry, A man with the hereditary stigma may marry a strong and healthy woman with the probability of having healthy offspring. This is not true of a woman with the hereditary taint. The subject of consanguine marriages is always interesting, especially in relation to first cousins. The prevailing opinion among alienists now seems to be, that, provided both parties are healthy and have a good heredity, there is no objection to such marriage. It can be readily seen that if there is a hereditary discrasia in two cousins, for instance, the result of their marriage would be an aggravated stigma of some sort in their children. If both parents have been insane their child should not wed. The same is true of a child whose mother was insane during pregnancy. In any case of insanity the person should not marry until two years after complete recovery.

There are many situations daily confronting the physician which I might go into, but time forbids. But a desire to do what is best for the patient, calm and deliberate judgment, and the display of candor and honesty in all perplexing and trying situations, will carry you through with a clear conscience and credit to yourself.

Omaha, November 9, 1903.

The Hospitals.

RULES AND REGULATIONS FOR PATIENTS.

Written by a suffering patient of one of our Cincinnati hospitals.

The light in this room must positively be out before daybreak; it does not matter much where it goes to, just so it goes out.

Visiting among patients is encouraged, as it greatly promotes the sociability of the place. Patients must never be too sick to see friends.

Patients may and are expected to tell each other all about their ailments and troubles, as it helps materially in their speedy recovery.

Patients are requested to pay little or no attention to the instructions of the physicians. The strict following of this rule will save the patient much inconvenience.

If the patient desires the nurse, ring the bell; if you get no response in thirty minutes, please ring again.

No patient can remain here longer than six weeks without renewing their application.

For Visitors.

No smoking except cigars, cigarettes and pipes will be allowed on the premises or elsewhere about this place. The smoking of ham, herring and sausages positively forbidden.

Visiting hours are from when you get here until the time your leave.

Visitors are requested to speak as loud as possible. Megaphones will be furnished by the management for those who have weak voices.

Visitors are kindly requested to bring with them some little gift for the nurse. For those who do not know what to get, we might offer the following suggestion: Diamond rings and brooches, gold watches and automobiles make very acceptable gifts.

The Library.

BOOK REVIEWS.

Syllabus of Lectures on Physiology.

By. William H. Bigler, A. M., M. D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia, Pa. Second edition. Revised and enlarged. 205 pages, flexible. Interleaved, $1.50; postage, 10 cents. Not interleaved, $1.25; postage, 7 cents. Philadelphia, Boericke & Tafel. 1903.

A valuable aid to our students in the study of physiology, written by a homœopathic physician. The salient points of the subject are well given and presented in a form easily grasped, memorized and most quickly recalled. It is a work not of originality, but of individuality, and we heartily commend it.

Memorial de Therapeutique Homœopathique.

Par Dr. P. Jousset and Dr. Marc Jousset, Paris.

This latest work of les Joussets is one of the best that has come from them. It contains the homœopathic treatment of various diseases in a concise way and a practical one. For those who read French it will prove most useful. It would probably meet with a ready sale were it translated.

Transactions of the Homœopathic Medical Society of Pennsylvania.

Thirty-ninth session. 1903. Lancaster, Pa. The Examiner Printing House.

Another valuable volume, with papers of high order of merit. Our transactions of our various societies constitute our history, and nowhere does Homœopathy flourish better than in the Keystone State. The Committee on Publication, Drs. Gramm, Goff and Moreland, have done their work well.

A Compend of Pathology,

General and special. By Alfred Edw. Thayer, Professor of Pathology, University of Texas. Second edition. P. Blakiston's Son & Co., Philadelphia. 1903.

The two compends of pathology issued by Prof. Thayer in 1902 are here presented as a second edition in one volume, with some important additions. It is a handy volume, presenting the subject clearly and completely. It is well illustrated and adapted for study. All students of medicine should have it. We do not know when a volume has appeared on our table that pleases us more in every way than this one does. Certainly not one on pathology.

A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa.

By George W. Overall, M. D., Chicago. Rowe Publishing Co., Chicago, Ill.

An able presentation of the subject from the standpoint of an electrician and general medical man rather than from that of the surgeon. The treatment given is good, from an allopathic point of view perhaps the most advanced. With the indications for our homœopathic remedies in the various affections, and the report of a few cases cured therewith, the book would appeal strongly to our physicians. As it is it is well worth having.

Ewing on the Clinical Pathology of the Blood.

New (second) edition. A Treatise on the General Principles and Applications of Hæmatology. By James Ewing, M. D., Professor of Pathology, Cornell University Medical Colloge, New York. New (second) edition, revised and enlarged. In one octavo volume of 492 pages, with 43 engravings and 18 full page colored plates. Cloth, $3.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

Perhaps in no field of medical research have more rapid strides been made than that of Hæmatology. This new edition of Ewing brings all the recent studies into prominence, necessitating noteworthy additions. Leukæmia especially has been greatly improved. Ehrlich's theories of immunity have received attention, and additions have been made to the chapters on technics, the serum test and the subject of Crioscopy. It is our great work on the blood, complete in every detail, standard in authority, and a desirable addition to the library of any modern well-informed physician.

Whitman's Orthopædic Surgery.

New (second) edition. A Treatise on Orthopædic Surgery. By Royal Whitman, M. D., Instructor in Orthopædic Surgery in the College of Physicians and Surgeons (Columbia University), New York; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopædic Surgeon to the Hospital of St. John's Guild; Chief of the Orthopædic Department of the Vanderbilt Clinic, etc. New (second) edition, thoroughly revised and much enlarged. In one octavo volume of 820 pages, with 507 engravings, mostly original. Cloth, $5.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

This is the latest and best exposition of the subject of orthopædic surgery. Its merits are such as to place it in the foremost of all works on the subject. It is a broad field and one in which enormous strides have been made in the recent past, especially on the prevention of deformities. This is emphasized in the work before us; methods of examination and treatment that have been tested by personal experience are here outlined and well done, too. We commend the work to the physicians of our school. Our surgeons, of course, will buy it.

Pocket Manual of Homœopathic Materia Medica,

Comprising the characteristics and cardinal symptoms of all remedies. By William Boericke, M. D., Professor of Materia Medica and Therapeutics, Hahnemann Medical College of the Pacific. Second edition, revised and enlarged. San Francisco Homœopathic Publishing Co. 1903.

Never since the days of Breyfogle's Epitome has a more valuable work been presented to the homœopathic profession than Boericke's Materia Medica. It is the only work in one small volume that contains information of all the remedies introduced into the homœopathic school of medicine. This second edition has been made perfect by the introduction of remedies that were inadvertently left out of the first and the incorporation of all the remedies introduced since the publication of that edition. It is in reality largely a verified materia medica; the chaff has been well winnowed and the pure grain left. It contains the verified symptomatology, valuable suggestions as to dose, suggestions that will start the inquirer on the right path in determining this vexed question, and a valuable therapeutic index. This is supplemented by a complete list of the homœopathic remedies in use in the school, which serves as an index to the volume.

It is well printed on fine Bible paper, bound in flexible cover, and constitutes a veritable testament, and we trust the author will live to add many codicils thereto, as they may be needed. As it stands, it is the handiest, most concise and valuable book on the subject of the homœopathic materia medica. The price, $3.50, would seem at first high, but considering its excellent arrangement of maximum matter in minimum space, the fact that there are 682 pages, and all of them good pages, too, we consider it a cheap book at double the money. Every homœopathic physician and student in the world should have a copy. We feel we are doing a real service to the profession in recommending it.

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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FEBRUARY 1, 1904.

Editorial.

THE PRIZE ESSAY.

After many months of patient waiting, it gives us pleasure to announce that the committee, on our prize essay has reported. Twenty-one essays were submited in the competition and the verdict is that all of these twenty-one are of a high degree of excellence; indeed, several were so good that the decision was reached only with considerable difficulty.

Eleven of the papers received special mention and ratings, but more were favorably criticised. Taking the object of the essay necessarily into consideration, and summing up the report of the committee, it is found that the one submitted by "Graham" is entitled to first place, and, therefore, wins the prize of $100 offered for the best essay on the subject "Why Students of Medicine Should Select the Homœopathic School." To quote from the committee report: "An intelligent presentation of the history and principles of Homœopathy and its claims for superiority over other methods of treating disease. Conservative, logical, convincing; a fine paper." Another member said: "It has the persuasive argumentative historical and scholarly arrangement of facts that I do not find so well presented in any other essay." The writer of this essay was found to be Dr. Thomas G. McConkey, of San Francisco, Cal., and it gives us pleasure to congratulate him on his successful work, and to send him the prize money, which has for some time been lying dormant in our possession awaiting the committee's report.

For second place, and crowding "Graham" closely, is the essay submitted under the nom de plume "X. Y. Z." This was regarded by the committee as a strong plea and a fine essay, and is considered as one specially adapted to the class of persons that the essay hopes to influence. The writer of this is Dr. V. E. Baldwin; of Amboy, Indiana.

For third place the essay submitted by "Que dites Vous" is the universal verdict. It is considered by some of the committee as entitled to second place, but especially is it spoken of as one perhaps better adapted for lay reading than to influence students in the choice of a medical school. It was considered historically influential, perhaps too rhetorical for young minds, and by one of the committee it was stated that properly handled it would have been entitled to first place.

It is our purpose to publish these three essays in our next number, if possible; the three together will make a strong and persuasive argument why the homœopathic school should be chosen by a prospective student. What of the other essays? One of the committee reports as follows: "Some are logical, some classical, some verbose, some pungent, some spicy, most of them excellent." Among those receiving special commendation were "Gentleness, Confidence, Faith," "L. 1500," "Prospero," "Forward," "Truth," "Septimus," "Cosmos," and "Non-Professional Observer." We hope to obtain permission to publish a number of these in the near future; each has its special value, and each would appeal to a special class of thinkers. We believe that the writers of the same would serve the cause of Homœopathy well by allowing us to present their essays to the profession. It is our intention to offer in the near future another prize for an essay on some topic that will further a dissemination of Homœopathy among the people, we have not yet determined how to call it. Perhaps some of our readers will help us by suggestions.

THE SCIENTIFIC PROVINGS OF DRUGS.

We cannot quite agree with our esteemed contemporary, the Medical Advance, that the proving of drugs upon the basis of modern science would degrade our Materia Medica to the level of allopathy; nor that the constant changes, discoveries and advances in scientific methods would necessitate a frequent revision to keep it up to date. We believe with that excellent periodical, the Chironian, that nothing would do more for Homœopathy than a reproving of our Materia Medica upon scientific lines. But what are these scientific lines? We certainly should deem it a most unscientific and unhomœopathic procedure to elicit by scientific and careful provings, for instance, the eye symptoms produced by a drug, and to publish these as the basis upon which an eye specialist should prescribe the drug. That is the great reason why so many of our specialists fail in their application of the homœopathic remedy now, and resort to makeshifts. The individuality of the patient upon which to base the prescription is ignored.

Provings according to scientific methods, if properly conducted, would first and foremost emphasize this individuality, and so emphasize it that a prescription could not be made unless it were based

thereon. People in health do not have cataracts; we should be able to determine scientifically the exact condition of a patient which leads to the formation of a cataract, then the error will be corrected, not by prescribing for the effect, but the cause, which always is to be found in the general constitution of the patient. The more we know of the effect of drugs the better will we be able to prescribe, and the closer will be our application of Homœopathy. Our brother of the Advance truly instanced Watzke's reprovings of Natrum muriaticum, and showed that they only served to "burnish the armor of truth and verify the scientific accuracy" of Hahnemann's provings.

We have nothing to fear from provings scientifically conducted if properly made, and we have everything to gain. Our system founded on Hahnemann's provings has stood the test of a century, and today, viewed scientifically, is better than anything allopathy has produced. Could we improve our system by improving our Materia Medica not only would we leave allopathy another century behind, but force a deserved recognition from the dominant school. It is a work that belongs to us to do, and unless it be done by ourselves we will find our friends the enemy undertaking it and claiming the results.

Scientific provings properly made would enable us to use the Materia Medica homœopathically, not physiologically nor pathologically, and we should build it to make physiology, pathology, and all the other ologies contribute to our Homœopathy. Then our provings will have a truly scientific value, and no revolutions of science can affect our system.

EDITORIAL BREVITIES.

The Next Institute Meeting.

The next meeting of the American Institute of Homœopathy, which will be the Sixteenth Annual Session, will be held at Niagara Falls in June next.

No more central place of meeting could have been chosen, and with no outside attractions in the shape of an exposition, the meeting should, and, we prophesy, will be, the greatest meeting in the Institute's history. No place in the United States is more easy of access; no place has greater facilities for a convention; no place offers more to attract membership.

The local committee was organized some months ago, and is hard at work. The Executive Committee of the Institute met in Niagara Falls on the ninth of January, and fixed the time for the meeting, June 20th to June 25th, inclusive. The local committee is composed of Dr. W. H. Hodge, of Niagara Falls, Chairman; Dr. Burt J. Maycock, of Buffalo, Secretary, and Dr. W. D. Hough, of Niagara Falls, Treasurer. The chairmen of the sub-committees are the following: Dr. W. D. Hough, hotels; Dr. W. H. Keegan, Rochester, ways and means; Dr. W. B. Gifford, Attica, exhibits; Dr. D. H. Arthur, Gowanda, entertainments; Dr. E. H. Walcott, Rochester, reception, and Dr. J. T. Cook, Buffalo, information. This is a good working force, and they will do all in their power to make it a rousing meeting.

Editor's Table.

GENERAL NOTES.

Dr. W. T. Miller, of Cleveland, has been elected president of the Ohio State Board of Health.

Dr. Wilson A. Smith has retired from the editorship of the Medical Visitor.

Dr. P. C. Cornue, of Ypsilanti, has retired from practice. Dr. F. E. Westfall, of Ann Arbor, succeeds him.

Dr. F. F. Laird has returned to Utica from California. His permanent location is No. 1 Hobart street.

Dr. W. B. Van Lennep, the popular surgeon of Philadelphia, was recently banqueted on the occasion of his fiftieth birthday.

Dr. C. Carleton Chappelle and wife have located permanently at Benicia, California. It is a good opening for a homœopathic physician.

Dr. H. E. Beebe, of Sidney, Ohio, was recently re-elected president of the Ohio Medical Board of Examiners.

The Homœopaths, through the fairness of Mayor Schmitz, of San Francisco, have obtained two wards in the City and County Hospital.

Dr. O. S. Runnels announces the removal of his office from 203 North Meridian street to 522 North Illinois street, Indianapolis, Indiana.

A fair will be held in aid of the Buffalo Homœopathic Hospital in Concert Hall, Buffalo, February 5th and 6th.

Ohio's new Lieutenant Governor, who was inaugurated last month, is Warren G. Harding, son of Dr. Harding, a homœopathic physician of Marion, Ohio.

The Homœopathic Medical Society of the State of New York will hold its fifty-second annual meeting at Albany on February 9th and 10th. Headquarters at the Ten Eyck Hotel.

At the February meeting of the Cincinnati Lyceum, to be held on February 11th, Drs. S. R. Geiser, C. N. Cooper, Ellen M. Kirk, and A. L. McCormick will read papers.

We have received the first number of the Indian Homœopathic Reporter, a journal devoted to the science of Homœopathy in India. Its editor is Dr. Savat Chandra Ghose, and it is published in Calcutta.

Dr. Floyd E. Westfall, formerly house physician in the homœopathic hospital in Ann Arbor and instructor in pathology in the homœopathic department of the university, has located in Ypsilanti.

The Local Committee of the American Institute meeting at Niagara Falls is hard at work and expects every member of the Institute to do his duty and be on hand June 20th to 25th next.

Dr. E. A. Lutze, of Berlin, a homœopathic physician, received recently the decoration of the Order of the Sun and Lion from the Shah of Persia for successfully treating the son of the Persian ambassador to Germany.

A day of extra lectures was held at the New York Homœopathic Medical College on January 27th. Drs. H. F. Biggar and Frank Kraft, of Cleveland; J. B. G. Custis, of Washington, and W. A. Dewey, of Ann Arbor, were the drawing cards. Further particulars in our next issue.

Our esteemed contemporary, the North American Journal of Homœopathy, comes out with a new dress this year. It is much more becoming than the old dress it wore for so many years. We like it even better than our own, but that is the woman of us.

Dr. Evelyn S. Pettit-Roberts, of New Brighton, Pa., has left the practice of medicine and sails to join her husband in South Africa. The doctor has the best wishes of the Medical Century for her happiness. She has taken the Century ever since she began practice, and considers it the "best journal printed."

Dr. E. Petrie Hoyle has located for the winter at Santa Cruz, California. He writes us enthusiastically of the sea bathing, the strawberries, magnolias, roses and lemons, all blooming and ripe New Year's day. The doctor is connected with the Materia Medica department of Hahnemann Medical College of the Pacific, and goes to San Francisco every week to lecture.

The Saginaw Valley Homœopathists met on January 18th, at the home of Dr. E. C. Kinsman. Dr. R. S. Copeland, of Ann Arbor, was the guest of the occasion, and read a paper on "Tonsillitis." Dr. J. H. Cowell read a paper on "The Higher Medical Education." A banquet followed. The president of this flourishing society is Dr. C. W. Edmonds, of Bay City; secretary, Dr. Harriet Knott, of Saginaw.

The Clinical Reporter, that sterling little St. Louis periodical so well edited by Dr. D. M. Gibson, has not suspended publication as was recently rumored. In fact, we should hate to make the announcement. St. Louis had many excellent homœopathic journals in the past. The Medical Century goes there in large numbers, but there is room for and there should be support of a good local periodical.

Mr. E. G. Swift, long connected with Parke Davis & Co., has been promoted to the position of general manager to succeed the late Mr. William M. Warren. This is a deserved promotion, and we bespeak for Mr. Swift the support accorded to his brilliant predecessor. It is a position of the greatest responsibility, and no better man could be found to fill it.

The work on the new Hahnemann Hospital buildings in Philadelphia has been commenced and will be pushed rapidly to completion. It is expected that they will be ready before the beginning of another college year. The first contract calls for an expenditure of over $200,000. These buildings will greatly increase the facilities of what is already one of our best teaching institutions.

Dr. C. E. Fisher, former editor of the Medical Century, is at present in Western Maryland establishing a medical and surgical hospital system for his friends, the McArthur brothers, who are heavy railroad contractors of Chicago and New York. A large contract is under way in Western Maryland and West Virginia, which will employ several thousand men. No better man could be selected for this work than the same Dr. Fisher.

Dr. Frank Kraft, he of the American Physician, was recently called out of his parish to attend a wealthy banker of St. Louis, Mo. Not only this, but we have heard of frequent calls from a distance for the service of this able practitioner and number one homœopathic prescriber. And we know, too, that physicians from all over the United States and Canada remember him when their families go to Cleveland. Richelieu said: "You'll be a bishop, Joseph," and we say, "You'll have a diocese yet, Fra. Kraft."

A lady who was very much devoted to Homœopathy recently died in Warrishken, near Tilsit, Switzerland. Her will provides that her homœopathic remedies and books go to the homœopathic physician practicing nearest to Warrishken; further, as soon as a homœopathic physician locates at Tilsit he is to receive an annuity of 1,000 marks; further, a bequest of 1,000 marks annually shall be paid to the homœopathic hospital at Leipsig, and 300 marks shall be allowed annually for the travelling expenses of patients sent to this hospital by the homœopathic physician who practices in Tilsit. The name of this lady was Mademoiselle Cecile Bein.

The British Homœopathic Association is doing a valuable educational work at the present time. This consists of a series of professional lectures on the subjects of Materia Medica and homœopathic therapeutics. A series of special "Wednesday" lectures will also be given, dealing with particular topics or problems in the science and art of Homœopathy. A separate course of training for missionaries on medical topics is also a part of this well-conceived plan. The association offers a prize of twenty guineas on the best means for organization and development of homœopathic professional education in Great Britain. All this work shows that our brethren across the water are wide awake to the necessities of Homœopathy and are purposing to meet them aggressively.

The Medical Forum is the name of a "monthly journal devoted to the interests of the medical profession," coming from Kansas City. Its contributors seem to be homœopathic physicians, and the "Hahnemann" College seems to have a leading place among the advertisements; so we presume it may be considered a homœopathic publication. The editorial page, however, says it is devoted to the "homœopathic" profession. Its editor is Dr. Charles Ott, and its business manager Dr. W. E. Cramer. There is, as the editor truly remarks, always room for one more,—we should add homœopathic,—journal. Anything that will extend the cause of Homœopathy we welcome. We, therefore, welcome the Forum, and trust that it will succeed in filling the hiatus for which it is intended. A good, live, local homœopathic medical journal is a necessity in

and about Kansas City, and the Forum promises to be this.

The New York Homœopathic Medical College reports a larger increase in its student body than has occurred at any time during the last twelve years. This increase is made up very largely of advanced students, and is attributed to the clinical advantages which the college offers its classes. It is the custom to give each class a large amount of bedside instruction, i. e., the class being divided up into sections, each section takes up a certain list of cases in the wards of the hospitals affiliated with the college and has the opportunity of coming in direct contact with the patient, making examinations and directing the treatment under competent instructors, and then watching the progress of the disease and the effect of medical and surgical treatment.

As the college has a large amount of clinical material (over thirteen hundred beds, treating fifty thousand patients annually), the student is bound to encounter all of the ordinary medical and surgical diseases during his course. As the Senior year of the college is made up almost exclusively of clinical work many graduates of other colleges are attracted, and have the advantage not only of the clinical experience, which is better than that of the course in any of the post-graduate institutions, but they also receive the diploma of the college, and this seems to be an attractive feature, for over one-fourth of this year's Seniors entered the class either as graduates or as advanced students.

NEW YORK NOTES.

BY ANNIE S. HIGBIE, M. D., NEW YORK, N. Y.

The County Medical Society met on Thursday evening, January 14th, with the new president, Dr. Joseph Land, in the chair. Dr. M. B. Beals, of New York City, was elected to active, and Drs. Howard P. Deady, of Liberty, J. M. Madden, of Ossining, and J. F. White, of Portchester, to corresponding membership. The Committee on Physical Therapeutics, Dr. William Harvey King, chairman, presented a paper on Osteopathy, by Dr. Guy B. Stearns, which was ably discussed by Drs. Patchen, Burt, Simpson and Ricardo. The retiring president, Dr. Irving Townsend, then delivered the annual address, choosing as his theme "Professional Co-operation." It was an able presentation of an important subject, and was heartily enjoyed by all present. Dr. Land's inaugural address consisted in briefly outlining the policy of the society for the coming year. The following chairmen of committees were appointed: Materia Medica, Clarence C. Howard, M. D.; Clinical Medicine, Egbert Guernsey Rankin, M. D.; Obstetrics, Frederic W. Hamlin, M. D.; Surgery and Gynæcology, George Watson Roberts, M. D.; Pathology and Preventive Medicine, Joseph H. Fobes, M. D.; Pediatrics, Jeremiah T. Simonson, M. D.; Eye, Ear, Nose and Throat, George Andrew Shepherd, M. D.; Drug Proving, A. Eugene Austin, M. D.; Physical Therapeutics, William Harvey King, M. D. Special committees: Legislation, Charles McDowell, M. D.; Public Health, Frederic A. Lund, M. D.; Public Institutions, Bert B. Clark, M. D.; Nominations, Francis E. Doughty, M. D.

Dr. William H. Van der Burg then moved that the address of the retiring president should be published in some one of the medical journals, and it was unanimously carried. After adjournment refreshments were served, and a social time enjoyed.

Dr. Shipman, of New London, class of '83, of N. Y. M. C. and H., is making a special study of electro-therapeutics, and has been spending considerable time at the clinic at the Flower Hospital.

The New York Homœopathic Medical College announced an afternoon of lectures to be held at the college on Wednesday, January 27th. The following attractive program was carried out:

1 to 3, Conservatism in Gynæcological Surgery, with operative clinic, by H. F. Biggar, M. D., of Cleveland, Ohio, formerly professor of gynæcology in the Cleveland Homœopathic Medical College.

3 to 4, Cimicifuga Racemosa, by W. A. Dewey, M. D., of Ann Arbor, Michigan, professor of Materia Medica, University of Michigan.

4 to 5, Practical Application of Homœopathic Remedies, by J. B. Gregg Custis, M. D., of Washington, D. C., ex-president of the American Institute of Homœopathy.

5 to 6, an illustrated lecture, subject, "A Little Salt," by Frank Kraft, M. D., of Cleveland, Ohio, editor of the "American Physician."

The annual smoker of the Alpha Chapter of the Alpha Sigma fraternity, held on January 8th, was a decidedly successful event. The members of the faculty and the alumni were the guests of the fraternity. A musical program was given by the students, after which a paper was read by Dr. John Hutchinson on "The Prescription." A discussion of the paper was participated in by several of those present. Short speeches were made by the dean, Dr. William Harvey King, Drs. Arthur B. Norton, George Watson Roberts, William Tod Helmuth, and a number of others. Refreshments were served.

Dr. E. B. Nash, of Cortland, is delivering a course of lectures on Materia Medica to the Junior and Senior classes at the New York Homœopathic Medical College. They are also being enjoyed by several practicing physicians, who manage to find time to drop in for a part of the hour.

The faculty of the New York Homœopathic College are making extensive preparations for the coming post-graduate course, which is to be held from May 2d to May 29th. One of the special features of the course will be the clinics in electro-therapeutics, which will be held in their large clinic room, which is equipped with the latest and most up-to-date instruments. Nearly every kind of disease in which electricity can be used as a therapeutic agent will be found in the large number of cases under treatment. The number of students will be limited to one hundred, and some of the early ones have already matriculated and sent their fee, thus obtaining an early choice of seats.

A very interesting meeting was held at the New York Homœopathic Medical College under the auspices of the Hahnemannian Society on Sunday afternoon, January 17th, when a picture of Doctor Samuel Lilienthal and a tablet in memory of the

class of '83 was unveiled. The tablet was presented by Dr. Alton G. Warner, of Brooklyn, and was accepted by the Dean, Dr. William Harvey King, in behalf of the Board of Trustees. An address was given by Dr. John D. Wilson, president of the association of the class of '83. A poem was read by Dr. John P. Rand, of Munson, Mass., the class poet. The picture was presented by Mr. Albert Lilienthal, of New York City. An address was then given by Dr. W. H. King. The exercises were interspersed with appropriate music.

Dr. John Demarest has been elected president of the Medical Board of the Metropolitan Hospital to succeed Dr. Egbert Guernsey, deceased.

Dr. Gertrude G. Mack, who has been ill for some months, has gone South to regain her strength before resuming practice.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Born to Dr. and Mrs. J. H. Branson, January 14, 1904, a son.

The regular meeting of the Washington Homœopathic Medical Society was held at the Shoreham, Tuesday evening, January 5th. Impromptu echoes from the annual meeting in December were given by Dr. Gregg Custis, Dr. Gilbert, Dr. Macdonald, and Dr. King. The following officers were elected for the ensuing year: President, Dr. F. A. Swartwout; Vice-President, Dr. J. H. Branson; Secretary, Dr. M. A. Custis; Assistant Secretary, Dr. L. Y. Baker; Treasurer, Dr. C. A. Davis; Historian, Dr. C. B. Gilbert; Board of Censors, Dr. G. W. N. Custis, for three years; Dr. C. B. Gilbert and Dr. Alice Burritt, each for two years; Dr. Ira Dennison and Dr. E. S. Lothrop, each for one year; members of the Advisory Board for two years, Dr. S. S. Stearns and Dr. T. L. Macdonald.

Dr. J. S. Stearns, Dr. B. F. Gibbs and Dr. D. H. Riggs have been on the sick list, Dr. Riggs having gone to Florida to recuperate.

The Washington Clinical Club held a meeting at the office of Dr. Dennison the evening of January 11th. This club is composed of the younger men, and meets in an informal way once each month at the offices of its members; each man reports a case or something of interest that has occurred in his practice during the previous month. This is discussed in a free and informal manner, suggestions are given, if desired, and results reported at the following meeting. The membership is limited to ten, and while only three meetings have been held to date, they have been of great interest and profit to the members. The February meeting will be held at the office of Dr. A. H. Taylor, the second Monday in the month.

Word reached Washington a few days ago regarding the new railroad hospital which is now under construction at Cumberland, Md., and when completed will be in charge of Dr. C. E. Fisher, and will be used particularly to care for the men employed in the building of the Wabash railroad through the Allegheny Mountains. McArthur Brothers, the contractors, have charge of this railroad work, and it is through their influence that the hospital is being built.

About a year ago Dr. George W. Roberts read a paper before the Washington Homœopathic Medical Society on the extirpation of rectal carcinoma, by the abdomino-perineal route. He reported three successful cases; results probably unequalled by any other surgeon in the country, so far as we are aware.

Dr. Macdonald, of Washington, in common with many other surgeons throughout the country, highly commended Dr. Roberts's paper, as well as the author's earnest, painstaking and enthusiastic work in a field so much neglected. Several of Dr. Roberts's surgeon friends promised to aid him in pursuing this work. Dr. Macdonald recently found a suitable case among his ward patients and gave Dr. Roberts an opportunity to perform his fourth successful abdomino-perineal sigmoido-proctectomy. The operation was difficult, tedious and prolonged, but was performed in the most creditable manner. Those who witnessed the operation were much impressed by its magnitude and many steps. It demands enthusiasm and heroism on the part of the surgeon who undertakes it. At the last report the patient was doing well.

KANSAS CITY NOTES.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

The trustees of the Kansas City Hahnemann Medical College have the initial number of a medical journal (The Medical Forum) in press, and they expect to have the new publication in the hands of the profession at an early day.

Dr. Chas. Ott, president of the college, is the editor, and Dr. W. E. Cramer, business manager of the college, becomes business manager of the journal.

Dr. G. M. Andrews, of Stella, Neb., was in Kansas City recently en route home from Condell, Oklahoma, where he was called to attend Dr. A. Oppermann, his father-in-law.

Dr. J. Frank Brooke (K. C. Hahnemann, '03) has given up his office in the Deardorff building. Dr. Brooke expects to practice in the country in the future.

Dr. Benj. F. Bailey was in Kansas City in December, and called at the office of the Century representative. Dr. Bailey talked enthusiastically of his homœopathic sanitarium at Lincoln, and assured us that he had a "full house" at that time.

The Missouri Institute of Homœopathy will convene in St. Louis during the month of May.

Heretofore the meetings have been held in April, but the World's Fair opens May 1st, and it was thought best to hold the meeting while the fair is on.

There will be a four-days' meeting this year, and the mornings and evenings will be devoted to Institute work, and the afternoons to "doing" the fair. The exact date has not been determined.

The Kansas City profession is elated over the installation of the new telephone system.

The service rendered by the Bell Company has been so unsatisfactory as to make any sort of change acceptable.

The "Home" Company is giving superior service at about one-half the price charged by the "Bell," and the majority of Kansas City's physicians of all schools have given the old company notice to "ring off."

Dr. W. E. Reily, of Fulton, was in Kansas City in January and announced that he has the directory of Homœopaths in Missouri almost ready for distribution. He tells us that there are about 500 names in the list. The directory will sell for $1.

OBITUARY.

Dr. Phœbe Jane Babcock Wait,

One of the pioneer women in the medical profession, died at her home, 412 Ninth avenue, January 30th. Dr. Wait was born at Potter Hill, R. I., in 1838, and was graduated from Alfred University. Subsequently she removed to New York City, and in 1863 was married to William B. Wait, principal of the New York Institute for the Blind, who survives her. Entering upon the study of medicine in 1868, when women in that branch of science met with violent opposition, she became a student in the New York Medical College and Hospital for Women, being graduated in 1871. Immediately upon her graduation she entered upon active practice. In 1880 she was elected professor of obstetrics in the New York Medical College and Hospital for Women, which chair she held for twelve years. Dr. Wait was active along many lines up to the time of her death, and was a member of the New York County Homœopathic Medical Society, the American Institute of Homœopathy, Woman's Christian Temperance Union, Phalo and Sorosis. Of her children there survive Mrs. Frank Battles and Dr. Oliver B. Wait, of Philadelphia, and William B. Wait, Jr., of New York City.

Dr. Charles S. Owen.

Dr. Charles S. Owen, a homœopathic physician and one of the most prominent men in Wheaton, died January 3d at the Chicago Homœopathic Hospital from injuries sustained at the Iroquois fire. On Christmas day Dr. Owen held a family reunion, and eight relatives came from Ohio to spend the holiday week. Wednesday a theatre party was arranged, and twelve seats were secured at the Iroquois in the front row of the first balcony. Out of the entire party of twelve Dr. Owen was the only one to escape, but the injuries received resulted fatally. He was a graduate of the Chicago Homœopathic Medical College of the class of 1883.

Dr. Robert Boocock, a prominent homœopathic physician of Brooklyn, died on December 28th. Dr. Boocock will be specially remembered through his interesting provings of heloderma horridus.

Physostigma.

Hare thinks that Physostigma is a valuable drug in atony of the bladder or intestines, and in catarrh of the bowels; also, when combined with Nux vomica, in gastric and intestinal dilation.—Record.

Allium Sativum.

G. Cavazzani has experimented on guinea pigs, giving them garlic juice and then injecting dried sputum from tuberculous patients into the larknx. Control experiments were carried on at the same time, and after some weeks all the animals were killed. The results of the necropsies were that the abdominal organs and the lymphatic system of the two guinea pigs used for control were completely filled throughout with tuberculous formations in different stages of development. The microscopical examination of some tubercles proved the presence of Koch's bacillus. In the bodies of the three animals which had been treated with garlic juice for one month from ten to twenty small tubercles were found. some of them in the liver and some in the spleen. The examination of the tubercles did not reveal the presence of Koch's elements, but instead it showed the presence of numerous fibres of young connective tissue. In the bodies of the other three guinea pigs, those which had been treated with garlic up to the end of the experiment, no tuberculous formations were found, though the most minute examination was made. The small number of animals used in the experiment forbids the drawing of conclusions.

Characteristics of Ocular Headache.

Wood has come to the following conclusions as to the results of eye-strain induced by civilization:

1. Forty per cent. of all chronic headaches and eighty per cent. of all frontal headaches are partially or wholly of ocular origin.

2. Their site, in order of frequency, is (a) supra-orbital, (b) deep orbital, (c) fronto-occipital, (d) temporal, or (e) a combination of these.

3. Near work is their chief exciting cause; reading, writing, drawing, painting, fancy work, type setting, type writing, sewing, music, and the like.

4. Patients suffering from headache often observe that other eye diseases (6 and 8) also result from the use of their eyes for near work, especially with artificial illumination.

5. Shopping, theatre and church-going, as well as riding in street cars and railway trains, often induce it.

6. The letters and lines in reading and notes in music blur, run together and get "mixed up."

7. The patient with ocular headaches is generally astigmatic or far-sighted, or has some other refractive error, or has some weakness of the ocular muscles.

8. Patients with ocular headache often complain of lachrymation, photophobia, foreign body sensations, specs floating before the eyes, itching and burning of lids, redness of eyes, etc.

9. The signs of eye-strain above mentioned may be present and the headache of ocular origin, although the vision is normal and there is no manifest astigmatism. The patient in such a case overcomes his hypermetropia, or astigmatism, or both, by continuous muscular effort.

10. About ten per cent. of all ocular headaches are incurable, and some of these are hereditary.—Eclectic Journal.

Epilepsy.

Dr. James Taylor does not believe that Belladonna is of much effect in the treatment of epilepsy. He has found Digitalis of much use, especially in those cases showing nocturnal attacks and in instances in which the patients have cold and cyanosed extremities.—Clinical Journal.

Philistine Wisdom.

If you feel dull and stupid thank God and cultivate the mood.

Nature has given you a sedative. But the average man when he is dull is inclined to stimulate on whisky or drugs, or at least to look upon the oolong when it is red. People who stimulate their energies artificially are bound to soon reach for an artificial sedative.—Elbert Hubbard.

The Physician's Fee.

A Philadelphia judge has given expression to the opinion that "the life of a rich man is worth more than the life of a poor man, and the physician has a right to charge the millionaire more for his services than he does the laborer." He went on further to say that "The physician is unlike the merchant, who has goods of different quality to sell at various prices. He must give his best service in every case. But it does not follow that the service is worth the same in every case. Human life has a pecuniary value of variable quantity, greater in the millionaire than in the laborer. Thus, the practitioner of common sense has a maximum and a minimum charge, and makes out his bills to suit the pecuniary circumstances of his patients." From this view there will be no dissent on the part of right-thinking people.—Medical Record.

Overeating in Old Age.

In a paper read before the British Medical Association, Dr. Keyworth dealt with the ailments of old age. It is certain, he said, that they are largely due to more food being taken than the eliminating organs can get rid of and a reduction in the amount of food should always be made as maturity glides into senility. If an old man has a good appetite and can digest well, let him have his usual three light meals a day; but, as a rule, the healthiest old people are the spare eaters. Brain workers can enjoy a fair degree of health by living on light food which does not require much force to digest or much muscular activity to assimilate. On a diet of well-made bread in variety, vegetables and fruits, with a fair quantity of eggs and milk, very little animal food, many disorders of old age may be avoided and life prolonged. Indigestion denotes not a disease, but an admonition: it means that the individual thus admonished is not taking appropriate food. For inactive and aged persons three-fourths of the nutriments matters consumed should be derived from vegetable, cereal and milk produce, and one-fourth only from the animal kingdom, and many men of sixty and upward corroborate this statement. The lecturer concluded: A word about exercise. Long livers have usually been early risers and good walkers. Nothing so effectually promotes the more equable distribution of the blood and averts the constant tendency to local congestion in the brain or abdomen as walking exercise.—Exchange.

Echinacea in Small-Pox.

Probably the latest remedy for small-pox is Echinacea, internally, and a solution of it as an external application. It promptly dries up the pustules, allays the itching and leads to early recovery. From what is known of this remarkable drug, and its action in all depraved conditions, there is no apparent reason why it should not be a most valuable remedy in this most loathsome disease.—Recorder.

The Stage of Invasion in Measles.

R. W. Marsden states that according to v. Jurgensen, prodromata may be practically absent in an attack of measles, or constitutional symptoms may arise soon after infection occurs. More common are instances in which the prodromal stage of invasion is usually prolonged. The writer then cites two cases in which the exanthem appeared on the sixth day from the onset of pyrexia. The stage of invasion of measles may be of very variable duration.—British Journal.

The Effects of Radium on Animal Life.

A Paris correspondent of the New York Daily Tribune contributes to its issue of December 27th an article on radium, and especially as regards its effects on animal life. The writer interviewed M. J. Danysz, of the Pasteur Institute, who is investigating the pathogenic action of rays and emanations emitted by radium upon various animal tissues and substances. In the course of his remarks M. Danysz said that guinea pigs were more sensitive to radium emanations than rabbits. Applications of radium rays that create painful sores on the skins of guinea pigs only act as stimulants or irritants on the skins of rabbits, and, singularly enough, cause, in the case of rabbits, a prolific growth of hair. This experiment was made by M. Danysz upon a mouse exepriment was made by M. Danysz upon a mouse a month old. A minute glass tube containing one milligram of radium salt was inserted beneath the skin, just over the vertebral column. In three hours symptoms of paresis and ataxia ensued. In seven hours the mouse was seized with violent convulsions of lockjaw, and in twelve hours death occurred. Mice, from three to four months old, subjected to radium rays of the same force, died in a similar manner, and identical symptoms of paresis, ataxia, and lockjaw, and death ensued within a period of from three to four days. From six to ten days were required to kill mice a year old, subjected to the same experiments. Guinea pigs, upon whom the same experiments were made, resisted the effect of radium for a longer period than did mice of a corresponding age, bu eventually they exhibited like symptoms and died. According to the investigator, the result of his studies shows that the nervous centers of animals or insects are extremely sensitive to the effect of the radium rays or emanations. The intestinal organs, on the contrary, are only slightly sensitive to the effect of radium. With regard to the effect of radium on microbes, M. Danysz states that in all cases the further development of the microbe was arrested, but that only in a few cases was the microbe actually killed.—Medical Record.

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The Prize Essays.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

BY THOMAS G. M'CONKEY, M. D., SAN FRANCISCO. CAL.

Every year over 5,000 young men and women decide upon medicine as a career. Among these there must be many who are undecided which school to select, with which to become identified, and who will be grateful for any suggestions that may aid them in making a decision.

This essay is written to present some of the reasons why the decision should be for the homœopathic school. It seems also fitting to speak of the importance of taking the medical course at the college avowedly teaching the homœopathic system; for it is well known that there are many students who believe in the doctrine, yet take their medical course in one of the old school colleges. Mere accessibility accounts for this in most cases, but this is of small moment when compared with the imperative necessity of a homœopathic medical education. By homœopathic medical education is implied the mental habit of thinking in homœopathic language, the *sine qua non* for successful practice. The fact that some of the most illustrious members of the school have been graduates of old school colleges does not militate against the foregoing. They became worthy disciples of Hahnemann in spite of their allopathic teaching rather than because of it.

Fifty years ago there were but two homœopathic colleges, and these with limited facilities and no prestige. Today there are twenty, each of a high standard, furnishng better facilities for obtaining a general medical education than the average old school college. There are probably few if any allopathic schools with superior resources and stronger faculties than have our homœopathic colleges. The American Institute of Homœopathy, which, since its organization in 1844, has exercised a singularly judicious control of homœopathic interests, and itself has grown from a membership of forty to more than two thousand, is supreme in authority, especially in the matter of medical education. It was the pioneer in the movement for a four years' medical course, and for a high educational standard in the entrance and graduation requirements. The statement that the standard and teaching is of a higher average order than in the 123 allopathic schools is well within the truth. These twenty colleges are well distributed from Boston to San Francisco, and are, therefore, easily accessible. In addition there are in the United States eighty-four general hospitals, sixty-one private hospitals, fifty-eight sanatoriums, fifty-six dispensaries, all avowedly homœopathic, and sixty-six other institutions, State, municipal, etc., wherein homœopathic treatment is employed. Many of these 325 institutions, especially the general hospitals, require resident physicians or internes who are naturally chosen from the graduating classes of the homœopathic colleges. The motto of the new eductaion, "We learn things by doing them," is observed in a medical course by the opportunities for clinical practice by the student. The smaller classes, besides ensuring a much closer personal contact with the professors on the part of the student, increase not only the chances for individual preferment during the course, but for hospital and other appointments on graduation.

While the commercial spirit is not compatible with the sacred and philanthropic character of the medical calling, it is not only proper for the student to consider the bread and butter aspect of the question but his duty as well. If the field is already overcrowded, he owes it to himself, as well as to those in it, to choose some other calling. To the question: Is the medical profession overcrowded? there can be but one answer. If we take the total of all schools there is a great surplusage of graduates every year. As a consequence, many are obliged to abandon the practice in spite of the great expenditure of time and money in fitting themselves for it. Many others with an income less, and more precarious than that of a skilled workman in almost any industry, eke out an unsatisfactory existence. This is especially true in the cities. But in spite of this recognized excess of physicians of all schools, there seems to be an actual dearth of homœopathic physicians. It was of sufficient importance to be taken up by the American Institute of Homœopathy at the Cleveland meeting in June, 1902. The following quotation from the Transactions is pertinent:

"The demand for homœopathic physicians throughout the United States far exceeds the supply. Thousands of small cities, towns and villages are unable to secure the advantages afforded by the homœopathic system of medical practice. Demands for graduates of this school of medicine are constantly reaching our twenty medical colleges. The demands for physicians come from every State in the Union. Especially is this true of the Southern and Southwestern States, into which thousands of people in quest of pleasure, health and business are going every year. The American Institute of Homœopathy, mindful of her obligation to the public, not

only calls attention to this public need, but also to the fact that there are twenty medical colleges in the United States, thoroughly equipped effectively to teach all branches of medicine and the science and practice of Homœopathy. These colleges earnestly solicit and will welcome young men and women of good, moral, physical and mental endowment, possessing a high school education, or its equivalent, with an elementary knowledge of Latin. Those who come from districts having but few homœopathic physicians will be especially welcome."

In view of the general impression of the overcrowded condition of the medical profession, this appeal will come as a surprise to most people. But a little reflection will explain this seeming anomaly. There are in round numbers 125,000 practicing physicians in the United States, according to Polk's Register. Estimating the population at 80,000,000, this gives one physician to 640 people. Of this 125,000 about 15,000 are of the homœopathic school, or one to 5,333 people. In some communities where Homœopathy has been adequately represented it is not unusual to find fifty per cent. of the population patrons of Homœopathy. And what is very significant there will be a larger proportion of the educated, travelled and moneyed classes among these. This is a matter of observation only, but it is probably a conservative statement of the case.

In 1901 there were 230 graduates from the homœopathic colleges. This number is not adequate to make up the loss by death and retirement from various causes among the 15,000 practitioners. Recalling the fact that there are thousands of communities in the country, especially in the South and West, that is virgin soil, as far as Homœopathy is concerned, the official appeal quoted should not occasion surprise. Let no one suppose that this appeal was prompted by any feeling that Homœopathy is on the decline. It has an aggravating way of disappointing its enemies in this respect. During its century of existence it has been the unwilling but imperturbed patient of learned doctors, pronouncing audibly the gravest prognoses, times without number; and yet never before has its influence been so potent or the attitude of its enemies so respectful. What is to be feared is a partial acceptance of the doctrine resulting from a superficial study and a desire to engraft it on old school therapeutics. There is a hygienic use of medicine and a palliative use of medicine that is perfectly compatible with the homœopathic curative use of medicine. But so-called "rational therapeutics" and homœopathic therapeutics are not compatible. He who attempts to combine them betrays at once his unacquaintance with the spirit of the homœopathic doctrine. An authority in the school in materia medica and therapeutics has said: "The college must take the lead in presenting Homœopathy, like any other natural science, as a series of independent doctrines, as a philosophy. I deem it more important that the student should be thoroughly grounded in the underlying principles than in acquiring a stock of keynote symptoms, important and essential as this is."

It will be interesting and profitable to critically examine some of these underlying principles enunciated by Hahnemann in the light of our present knowledge. First a few words concerning Hahnemann and his medical environment. He was a regularly educated physician of great learning and very uncommon general culture and literary attainments. Sir John Forbes, one of his old school critics, said of him in 1846, three years after Hahnemann's death, when the opposition to Homœopathy was most bitter:

"No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius and a scholar, a man of indefatigable industry and dauntless energy."

Hufeland, the Nestor of orthodox medicine in Germany, spoke of him in 1801 as "one of the most distinguished physicians in Germany." Jean Paul Richter, a contemporary, speaks thus: "Hahnemann, that rare combination of philosophy and learning, whose system must eventually bring about the ruin of the ordinary receipt-crammed heads, but is still little accepted by practitioners, and rather shunned than investigated."

Hahnemann by general consent had attained a position in the profession which entitled him to criticise prevailing methods. While realizing that prevailing methods in general did more harm than good, he was impressed with the fact that there were certain remedies used in certain diseases with such results as left no room for doubt that in these cases at least real cures were effected. This he observed in the use of mercury in syphilis and Peruvian bark in malaria, or "marsh fever," as it was then called. Hahnemann, like Bacon and Boyle and Sydenham before him, realized the immense importance of increasing the number of these "specifics." A casual observation in Cullen's Materia Medica, which he was translating, gave him the clue to his discovery as the falling apple did to Newton. From this observation it occurred to him that provings of drugs upon healthy persons might furnish a knowledge of their specific properties; and that the administration of drugs in cases presenting symptoms similar to those the drug produces in the healthy subject might be the law of the application of specifics. His hopes of rendering the medical art more simple and certain were raised, and he set himself with "his dauntless energy and indefatigable industry" to collect from the writings of ancient and modern medical authors all the instances bearing upon the subject, and to verify by instituting experiments first upon himself and then upon other healthy persons whom he could persuade to join him in these self-sacrificing labors. The further he advanced in such investigations and inquiries the more he became satisfied of the extensive application of his therapeutic law.

From 1790 to 1805, fifteen years of the prime of his life, were devoted to constant, exhausting labors of this nature, "for when we have to do with an art

whose end is the saving of human life any neglect to make ourselves master of it is a crime." Actuated by that noble sentiment, sure of the truth of the great principle he had discovered—with all the incidental testimony of history to support it—with the positive results of a long experience to confirm it, he presented his views and the results of his labors to the profession in an essay of wonderful logical power, of the utmost moderation in expression, full of almost tender persuasion, and of the noblest enthusiasm.

The treatment of Hahnemann by his colleagues for attempting to give certainty and precision to therapeutics forms a melancholy chapter in the history of medicine, but it does not stand alone. Harvey was denounced as a quack and even held to be demented because he demonstrated the circulation of the blood. His book announcing his discovery was unable to pass censorship in England, and, therefore, appeared in a foreign country. Sydenham also was calumniated for efforts to improve the medical art. Hahnemann's teaching was even more revolutionary than either Harvey's or Sydenham's, for its success meant the annihilation of all the cherished methods of traditional medicine. He begged his colleagues to investigate it, and if it were found better than the old method to use it for the good of mankind and to give God the glory. Instead, they called him an impostor and attacked his character and his motives.

Time has shown that Hahnemann was right in his condemnation of the practices in vogue in his time, for they have all been abandoned or are in process of abandonment. Up till the year 1840, seldom did an anti-homœopathic work appear which did not violently reproach Homœopathy for its rejection of blood-letting. But let an old school authority bear witness to the influence of Hahnemann in reforming medicine. In 1899 there appeared a pamphlet under the imprint of the American Medical Association which was sent broadcast over the country with the evident purpose of dealing the "solar plexus" blow to Homœopathy. It attacks the personal honesty of Hahnemann and his followers, but surprising as it may appear this sentence occurs: "Homœopathy has done a noble work; it has served its purpose well. Look back a hundred years to the time of its birth, and contrast the methods of practice then in vogue with those which are in favor today, and tell me whether a stupendous revolution has not been wrought, and largely through the instrumentality of Samuel Hahnemann." Evidently the value of the pamphlet as an anti-homœopathic document with such a sweeping concession lies in the implied inference that Homœopathy as a medical system is a "has been."

Dr. William Osler, who wrote the article on "Medicine" in the New York Sun's series on the 19th century's progress in great subjects, says: "The century has witnessed a revolution in the treatment of disease and the growth of a new school of medicine. The old schools, regular and homœopathic, put their trust in drugs, to give which was the alpha and omega of their practice. For every symptom there was a score of medicines—vile, nauseous compounds in one case; bland, harmless dilutions in the other. The new school has a firm faith in a few good, well-tried drugs; little or none in the great mass of medicine still in general use." In the same article he attributes "above all to the valuable lesson of Homœopathy, the progress in the battle against polypharmacy or the use of a large number of drugs (of the action of which we know little, yet we put them into bodies of the action of which we know less)." Hahnemann in 1797 wrote: "Isc it well to mix various drugs in a single prescription, to administer baths, clysters, bleeding, blistering, fomentations and inunctions all at once or in rapid succession, if we wish to raise therapeutics to perfection, effect cures, and know with certainty in every case what the remedy has done in order to employ it in similar cases with still greater or at least with equal success? How can we complain of the intricacy of our art when we ourselves render it obscure and intricate? I, too, at one time suffered from this infirmity; the schools had infected me. This miasma clung to me, before it came to a crisis, more obstinately than the miasma of any other mental malady." This miasma has clung to medicine also more obstinately than some of the other mental maladies, for, as Dr. Osler says, that battle "has not been fought to a finish." The following from an editorial on Mono- and Polypharmacy in the Philadelphia Medical Journal of January 10, 1903, is a hopeful sign of the present trend: "Many modern physicians have fallen into the habit of prescribing a single drug and depending upon it, in combination with various hygienic and dietetic regulations. Prescriptions of single drugs, unfortunately, unless combined with various diluents, are not imposing; but this is a matter too small, really, for consideration. A great advantage of monopharmacy—if we can so term it—is that the physician learns through his own experience (and this is practically the only way he can learn) to use drugs with accuracy and success." It will require many years yet before the old school abandons polypharmacy, but that it will, eventually, seems certain. Hahnemann in the preface to his Materia Medica Pura said: "The day of the true knowledge of medicines and the healing art will dawn when physicians shall trust the cure of complete cases of disease to a simple medicinal substance and, when, regardless of traditional systems, they will employ for the extinction and cure of a case of disease whose symptoms they have investigated one single medicinal substance whose positive effects they have ascertained which can show among these effects a group of symptoms very similar to those presented by the case of disease." The dominant school has ignored this teaching of Hahnemann and sought to develop a science of therapeutics along other lines, and with what results? Osler has already been quoted. Here is Goodhart in the annual address on medicine before the 1901 meeting of the British Medical Association:

"Why do we give drugs? Often not because the disease demands them, but because the patient is not happy until he gets them; too often he is not happy then. They are sometimes given to hide our ignorance, I fear, or to mark time while we watch and wait. They are sometimes given as a gambler on the Exchange speculates in futures, an enhanced reputa-

tion being the windfall that is hoped to secure; and then we often give drugs as an experiment in the hope that they may do good." Much more might be quoted from these and others very high in the councils of the old school pointing to the futility of giving drugs to cure disease and the chaos of "rational" therapeutics. It is not surprising that "one of the most striking characteristics of the modern treatment of disease is the return to what used to be called the natural methods, diet, exercising, bathing and massage," as Dr. Osler tells us.

So skeptical are the followers of "rational" therapeutics of the curative value of drugs that they regard the confidence of the homœopathic school in drugs as a case of self-deception. They would attribute the favorable results to the *vis medicatrix naturæ*, which the "bland and harmless dilutions" did not inhibit. Dr. Osler says: "Nobody has ever claimed that the mortality among homœopathic practitioners was greater than among those of the regular school." Dr. Osler was evidently a little careless in his tenses when he wrote that sentence. He doubtless meant to say that "Nobody today claims," etc., instead of "has ever claimed," etc. Sir James Y. Simpson, in 1853, published a book of nearly 300 pages with the title "Homœopathy; Its Tenets and Tendencies." The final paragraph reads thus: "At the same time there remains behind a far more serious and solemn view of this discreditable medical charlatanry. For, in relation to the question of Homœopathy and infinitesmal doses as actually applied in practice, no one conversant with disease can shut his eyes to the dangers of the system, in the way of omission if not of commission, dangers which were lately stated in the following forcible terms by Dr. Williams, a gentleman acknowledged on all hands to be standing in the foremost rank of the London physicians of the present day: 'You see' (says Dr. Williams) 'all sorts of quackery, with Homœopathy foremost, rampant through the land, deluding by its unaccountable infatuations, the powerful, the learned, the rich, and, worse than all, the poor, in multitudes; and not only are riches placed at the command of the instruments of these fallacies, but what are far more precious, and this is far more terrible to contemplate—the lives of our fellow creatures. In fact, there is at this moment throughout this country an awful system of trafficking or gambling with the issues of life and death, a perilous tampering with the elements of mortality; nay, a jeopardizing, not of the body only, but even of the soul. For who can say where victims are hurried out of the world by a delusion, and for want of proper treatment, who can say that some of such might not have been saved alive and given time for repentance as well as recovery? It is altogether an awful consideration, and I quite shudder when I look back at the number of melancholy cases which have come to my knowledge, where, at the eleventh hour, the regular practitioner has been called in when too late; when the precious time, in which medicine might have availed, has been wasted with Homœopathy; and we could only shake our heads, and lift up our hands, and exclaim, Alas! what folly! and I fear we might add, what knavery, too!'"

This needs no comment. Its mere use in this essay is the most eloquent commentary that could be offered of the changed conditions which fifty years have brought about. Fifty years hence when Homœopathy will be dominant it will excite surprise that Dr. Osler should not have known of the positive value of Homœopathy, at the beginning of the century, just as we are surprised that Sir James Y. Simpson should not even see a negative value in it. If Homœopathy had been the "disreputable medical charlatanry" that Sir James declared it to be, can any one believe it would have survived through the century? Even if it had been a reaction against the prevalent methods of the time, would it not have ceased to exist when these had been reformed? There is only one adequate explanation for the continued vigorous growth of Homœopathy, and that was enunciated by Hahnemann himself in these words: "Homœopathy is a simple art of healing, unvarying in its principles and its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable."

Let us examine some of these principles as laid down by Hahnemann. "What life is can only be known empirically from its phenomena and manifestations, but no conception of it can be formed by any metaphysical speculation a priori; what life is in its actual essential nature can never be ascertained or even guessed at by mortals." In spite of the enormous increase of our knowledge of organs, tissues, cells, neuclei and protoplasm since that was written, it still remains true. We know that every cell is from a cell, and every neucleus from a neucleus, and that protoplasm is the physical basis of life, but of the actual essential nature of that life we are still ignorant.

"To the explanation of human life, as also its twofold conditions, health and disease, the principles by which we explain other phenomena are quite inapplicable. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone, they are themselves animated and vitalized." How prophetic of our present knowledge of the living cell! And this was written in 1813, twenty-six years before Schwann proposed his cell theory of animal tissues. Today all physiology as well as all pathology is merely a study of cellular activities.

"Now, as the condition of the organism and its health depend solely on the health of the life which animates it, in like manner it follows that the altered health, which we term disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical considerations; in short, it must consist in a dynamically altered condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward effected." Starting from purely material conceptions, Hahnemann gradually arrived at dynamic views, though the general current ran in the contrary direction at the time. "We must localize diseases," that is, look for their seat, ran the general current, and we owe much to it, for modern pa-

thology had its beginning in this effort, the beginning of French positivism in medicine. Hahnemann regarded these morbid changes as the *effects* or *results* of the disease.

"Diseases must be considered as dynamic derangements of the vital character of our organism; they must therefore be cured by agents capable of causing dynamic change."

Sir Andrew Clark, before the Clinical Society of London, said: "The structural change is not disease; it is not coextensive with disease, and even in those cases where the alliance appears the closest the statical or anatomical relation is but one of other effects of physiological forces, which, acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary condition and intimate nature is in strict language dynamic; it precedes, underlies, evolves, determines, embraces, transcends and rules the anatomical state. * * * But always behind the statical lies the dynamic condition. He could hardly have been more explicit in affirming Hahnemann's teaching if that had been his purpose.

The following from the London Lancet, of February 24, 1900, is pertinent also, as showing that Hahnemann's views at the beginning of the nineteenth century are really the accepted doctrines of the medical profession at the beginning of the twentieth century. "That the physician has to study not disease, per se, but the diseased man, is a truth which took us some twenty-two centuries to learn, but which Aristotle knew some 350 years B. C. Until fifty or sixty years ago, disease was regarded as an entity distinct from the body, to be expelled from it by drugs, like a tapeworm, whereas we now regard it *as a state* affecting the entire man, body and mind, structure and function, so that it would be more correct to say that he is the disease than that he has 'got' it, and as this state varies with the constitution, inherited tendencies, antecedents and surroundings of the man, it requires a corresponding variety of treatment. The wise physician adapts his treatment to each patient's peculiarities; to one he may give a certain drug, to another with the same disease a different one," etc.

This is distinctly homœopathic in thought and language. Hahnemann deserves the credit of having insisted upon the strictest individualization, he taught it systematically in his numerous works. "Totality of the symptoms" or individualization of the disease is one of the essential tenets of Homœopathy. Today the real teachers in medicine are seeing disease as Hahnemann saw it. Vierordt, in his Medical Diagnosis, says: "The objective point of the physician's investigations at the bedside is therefore an individual diagnosis; first, on purely scientific grounds, but still more important from the practical consideration that it must form the indispensable basis for individualizing the treatment. * * * For example, it is positively asserted that the exciting cause of a lung disease is the tubercle bacillus, but this says nothing of the disease, tuberculosis phthisis, which is present. In order to discover this the patient must be examined. * * * But nowadays it suffices for many unfortunately to find the bacilli in the sputum. * * * The individual diagnosis can never be made at the study table, but only and always at the bedside, and there by a sort of artistic construction of the complete picture of the disease out of its collective phenomena, anatomical and functional." "We must individualize the case." And this also from the preface: "And then a study of the whole organism, the totality of the picture of the disease." The phraseology suggests that he had been reading Hahnemann.

"Now because diseases are only dynamic derangements of our health and vital character they cannot be removed by man otherwise than by means of agents and powers, which are also capable of producing dynamical derangements of the human health; that is to say, diseases are cured virtually and dynamically by medicines." Thus Hahnemann clearly states the corollary to the dynamic theory of disease. If any Sir Andrew Clark has affirmed this it has not come under my notice. The nearest approach to it that I have seen is a paper by Dr. Baradat before the British Tuberculosis Congress, July, 1901, on the use of natural goat serum in the treatment of tuberculosis. "The use of natural serum has given me unexpected results. Natural serum seems to fulfill all the required conditions, for it is both dynamic and bactericidal. We find that a very small quantity produces an intense therapeutic effect. There is here a *quid divivum* due evidently to the intimate composition of natural serum. No one nowadays denies the dynamogenetic action of serum—it is a recognized fact. Whilst awaiting experiments destined to throw light on the obscure question of the mode of action of serums, we give preference to the theory propounded by Metchnikoff, who looks upon them not as antitoxic, but as stimulating agents of phagocytosis; in other words, as stimulants, provokers of organic resistance."

Serum therapy, or medication by curative or protective serums, is a new art in the healing of disease of which much is hoped. Is it consistent with Homœopathy? Dr. Baradat told us that it is dynamic in its action. Hahnemann told us that this is the only way diseases are cured. The word "dynamic" as applied to a remedy is very new in the literature of "rational therapeutics." These "anti-toxins" (a misnomer, suggested evidently by a materialistic conception of their action) are obtained from men or animals sick with a similar disease. That does not sound entirely inconsistent with Homœopathy. It is surely more in accord with similia similibus than contraria contrariis. If then remedies may be curative in bacterial diseases, not because of any antiseptic or anti-toxic quality, but because of their dynamic action, the germ theory of disease so far from being subversive of Homœopathy is actually confirmatory. Hahnemann anticipated the germ origin of at least one disease, for he says, literally: "On board ships—in whose confined spaces, filled with mouldy, watery vapors, the cholera miasm, finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists." Notwithstanding this conception of the exciting cause of the

disease, after reading a description of the symptoms, he predicted the remedies for the various stages. These were used with such brilliant results that it forms one of the most gratifying incidents in the history of Homœopathy. One effect was the repealing of the law prohibiting the practice of Homœopathy in Austria.

"As little as we mortals understand the economy of healthy life, and as surely as it must ever be hidden from us, so impossible it will ever be for us to understand the internal processes of disturbed life in diseases. The internal process of diseases is only manifested by those observable changes, complaints and symptoms through which alone life expresses its inner disturbances, so that in every case we must remain unable to determine which of the morbid symptoms are primary effects of the morbific agency, or which are to be considered as the reaction of vital force in its spontaneous curative efforts." This was written by Hahnemann in 1813. To antagonize symptoms has been, and is, the practice of the self-styled "rational" school of therapeutics. Happily for humanity they are beginning to understand that many of the morbid symptoms in disease "are to be considered as the reaction of vital force in its spontaneous curative efforts." For example, we now know inflammation to be a conservative process, "the response of living tissue to injury." The four classical symptoms—dolor, calor, rubor, tumor—have a new reading today, and for this we are indebted to many investigators, but especially to Metchnikoff. As Dr. Andrew Wilson conservatively puts it: "Inflammation is thus to be ranked, not so much as an unnatural process, but as one which has a true physiological significance, in that it begins at least, in an endeavor on the part of the leucocytes, to save us from the consequences of infection."

Enlightened physicians are beginning to see that fever is something that is not always to be antagonized. Bouchard, of France, recently said: "There is a certain school of medicine that sees nothing in fever, but fever; with doctors of this class the thermometer is the source of all therapeutic indications; they see improvement only in lowering the temperature. No clinical practitioner can accept such a doctrine, and the audacity of the assertions of the school in question has given rise to a reaction in the opposite direction, in Germany as well as in France. Thus we now see the current of medical opinion take a new course. It is now urged that fever may do some good; that it should be treated with respect—a theory that has long been unheard of in the medical world. We may say, therefore, that it indicates the gravity of the disease, but does not cause it. Elevation of the temperature announces, but does not constitute the danger."

Friedlander goes farther and suggests the employment of artificial fever as a therapeutic measure on the ground that it represents a natural process, which serves the purpose of immunizing and eliminating pathological materials, like bacterial products, etc. He was able to show an increase of the leucocytes up to 25 per cent. after intense heat influences in moist media, like hot baths, steam baths, etc. If then such important disease processes as fever and inflammation are to be considered as a "reaction of vital force in its spontaneous curative efforts" Hahnemann's teaching, that prescribing for single symptoms on the principle of contraries, is "contrary to nature" receives striking confirmation.

Homœopathy has been willfully, or ignorantly, represented as ignoring causes. In the American Medical Association pamphlet already quoted from, this inference, "Hence, you see, it is not necessary to remove causes, nor even to know their nature," pretends to be a logical one from a study of Hahnemann's writings. On the other hand, read paragraph 7 of the Organon: "In a disease presenting no manifest exciting or maintaining cause (causa occasionalis) for removal. [in a note on this Hahnemann says: "As a matter of course every sensible physician will remove such causes at first, after which the illness will generally subside of its own accord."] nothing is to be discerned but symptoms. These alone (with due regard to the possible existence of some miasm, and to accessory circumstances) must constitute the medium through which the disease demands and points out its curative agent. Hence the totality of these symptoms, this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent."

We are not surprised to find misrepresentation in a controversial pamphlet, but the historian certainly should be guiltless in this respect. When Roswell Park, in his History of Medicine, says that Hahnemann "denied disease, admitting only symptoms," he either willfully misrepresents or betrays an inexcusable lack of acquaintance with his subject. When it was no longer possible to deny the truth of Harvey's discovery his enemies declared that it was not original with him. Park says of Hahnemann: "Similia similibus curantur was not original with him." The American Medical Association pamphlet says on the same subject: "Let me prove to you by quotations garnered by the late Prof. A. B. Palmer and myself that the so-called 'law of similars' was common property hundreds of years before Hahnemann was born." This laborious gathering of two learned professors, resulted in finding quotations from four medical and three non-medical men, viz.: Hippocrates, Paracelsus, Valentine, Stahl, Theophrastus, Shakespeare and George Chapman. Had they but consulted Hahnemann's introduction to the Organon they would have rich "garnering," for he there quotes seven medical men, including Hippocrates and Stahl, "who had presentiments that medicines, by their power of producing analogous morbid symptoms, would cure analogous morbid conditions." If they had then turned to the note on these quotations they would have found something singularly pertinent from Hahnemann himself. Here it is: "The following quotations from authors, having a presentiment of Homœopathy, are not brought forward for the purpose of proving the stability of this doctrine, sufficiently firm in itself, but they are introduced to escape the accusation of having ignored these pre-

sentiments for the sake of the credit of securing the priority of the idea."

After setting up this man of garnered straw he is knocked down (in the before-mentioned pamphlet) in this fashion: "It cannot in reason be maintained that Hahnemann had never read of the doctrine of similars, for he was a man of great literary attainments, and for many years had earned his living by literary work. I think there are few men in the world today as well versed in the history of medicine as Hahnemann was. It was not ignorance then which led him to claim the doctrine of similars as his own invention; it was dishonesty. It is not ignorance on the part of Homœopaths of today which leads them to claim the doctrine of similars as the discovery of Hahnemann and the peculiar and exclusive property of their sect; it is dishonesty." Yes, Hahnemann was so well "versed in the history of medicine" that he anticipated just such an accusation and left a reply so consummately happy as to make his unversed accusers ridiculous.

There is evidence in almost any old school Materia Medica, especially Ringer's, that a sort of crude Homœopathy is gradually replacing "scientific" therapeutics. Either these are arrived at as the result of observation and research, or taken directly from homœopathic sources. But in either case they carefully refrain from any reference to the law of similars.

Perhaps the chief reason why therapeutics has made so little progress in the old school during the century compared with the other medical sciences is that it has been a mere appendage of pathology. It is true an enormous amount of work has been done in the study of the physiological action of drugs, but how pitifully inadequate the practical fruits of all this vast labor! It would be interesting to know which had contributed more to this paucity of results—the absence of any law of the application of this knowledge to the cure of disease, or the fact that it has been obtained for the most part by gross experiments on the lower animals, and therefore is not always applicable to the human organism? The fact that they have been "toiling so long and found so little" argues the want of a true science of therapeutics. They have one law, contraria contrariis, and its application by Brunton in the use of Amyl nitrite in the condition known as angina pectoris is a brilliant example of prompt palliative treatment by drugs. Here is a patient with intolerable anguish and pain in the region of the heart, face ashy gray and betraying terror, pulse small and contracted and surface covered with cold perspiration. A few drops of Amyl nitrite applied to the nostrils and almost immediately his face begins to flush; he warms up, he breathes freely and the intolerable anguish is gone. This palliative use of a drug has the same relation to Homœopathy as the use of chloroform or ether as general anæsthetics.

The accepted definition of a homœopathic physician is "one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." He does not need to resort to palliative measures so often as one who knows nothing of the law of similars, but he may avail himself of every real aid that promotes the comfort or cure of his patient. The end and object of the medical art is to cure disease. Therapeutics of all the collateral medical sciences which has most to do with the cure of disease has made little or no progress among those who reject Hahnemann's teaching. It is anything but scientific. Therapeutics is the strong side of Homœopathy. It is the explanation of its vigorous existence as a separate school. Is not the conclusion irresistible that in the one school they have not yet got hold of the right clue,—of the true philosophy of the science? Hahnemann arrived at the doctrine of similia similibus curentur by the "exact" methods of the latter two-thirds of the nineteenth century, though his environment was of the speculative spirit of the eighteenth century, which overlapped the first third of the nineteenth. His was the experimental method. He put the question to nature. He says: "The true physician should know [regarding the action of drugs], first, what is the pure action of each by itself on the healthy human body? secondly, what do observations of their action in various simple or complicated maladies teach us?" Read also this quotation from the preface to the Materia Medica Pura: "If a work on Materia Medica can reveal the precise qualities of medicines it must be one from which all mere assumption and empty speculation about the reputed qualities of drugs are excluded, and which only records what medicines express concerning their true mode of action in the symptoms they produce in the human body." Is not this in thorough accord with the exact methods in science today? It has been said that "the study of physiology and pathology within the past half century has done more to emancipate medicine from routine and the thralldom of authority than the work of all the physicians from the days of Hippocrates to Jenner." Homœopathy has stood this crucial test. Some of the new discoveries seemed at first subversive of the doctrine, but when finally relegated to their proper domain were found to be consistent with and in some cases confirmatory. The germ origin of certain diseases when discovered seemed to imply a revolution in methods of treatment, but after twenty-five years it is found that the best bactericides for bacteria invading the body are dynamically acting medicines. Bacteria being of the vegetable world were here long before man, and man would not have survived if the special function of protection against these minute enemies had not been evolved; for protection from enemiese is as important for the survival of the species as nutrition or reproduction. Indeed "experiment has demonstrated that there resides within the tissues and fluids of the body the property of destroying disease-producing micro-organisms in large or small numbers." In vigorous health it is most manifest, while the effects of malnutrition, fatigue, debauch, disease, and, in short, all influences that materially disturb the equilibrium of physiological function are to diminish or destroy it entirely. We have already seen that inflammation and fever which are disturbances of the physiological equilibrium are

conservative or curative exaltations of physiological function. May not the dynamically acting remedy applied in accordance with the law of similars serve as the awakener of this latent protective and curative function? In venturing this it is not with the idea of giving an adequate "explanation" of the law, but rather to refute the implied imputation that it is not rational.

The common platform upon which all sincere adherents of Homœopathy stand is that the most practical guide to aid in the selection of most, perhaps all medicines in the cure of disease is the rule, similia similibus curentur. This is accepted, not as the result of any speculative reasoning, but as an empirical fact. Several plausible explanations of the *modus operandi* of the law of similars have been suggested, and one by Hahnemann himself, but he says he puts "a slight value upon an attempt at explanation." No one has ever explained the *modus operandi* of the law of gravitation, but that does not affect our belief in the law.

In trying to present the essential principles upon which the doctrine of Homœopathy rests, the founder has been quoted, for no one since has stated the case so clearly or convincingly. There is such an embarrassment of riches in quotable matter in Hahnemann's writings, pertinent for study at this beginning of the 20th century, that these somewhat random selections are but meagre examples of a wealth of up-to-date medical philosophy. Study Hahnemann's works. Begin with the Lesser Writings and see how the doctrine unfolds itself. The dogmatic and epigrammatic sentences of the Organon, each "like a ponderous block of stone, hewn and sculptured by the skill of an artisan, seeming to have been lifted with Titan power to fill its place and purpose in the structure," will be invested with new meaning. There is nothing in contemporary medical literature that will repay study so well. There is nothing in modern writers commensurate with his master's grasp of the philosophy of the art of medicine. Let no one think that its failure to be universally accepted argues against its truthfulness. Another great German philosopher has said: "Truth can bide its time, for it has a long life before it. Whatever is genuine and seriously meant is always slow to make its way, and certainly attains its end almost miraculously; for on its first appearance, it, as a rule, meets with a cool, if not ungracious reception, and this for exactly the same reason that when it is fully recognized, and passed on to posterity, the immense majority of men take it on credit, in order to avoid compromising themselves, whereas the number of genuine appreciators remains nearly as small as it was at first. Truth depends upon no one's favor or disfavor, nor does it ask any one's leave; it stands upon its own feet, and has time for its ally; its power is irresistible; its life indestructible.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

BY DR. V. E. BALDWIN, AMBOY, IND.

"It is a pleasure," said Lord Bacon, "to stand upon the shore and see a ship tossed upon the sea; a pleasure to stand in the window of a castle and see a battle and the adventures thereof below; but no pleasure is comparable to the standing upon the vantage ground of truth (a hill not to be commanded, and where the air is clear and serene) and to see the errors and wanderings and mists and tempests in the vale below."

Truth Supreme.

Truth is eternal and unchanging, the immutable relationship of things which preserves their unity. It cannot be despised, and if ignored the penalty of ignorance, indolence and impudence is to pay. It demands the submission of the ambitious man and wins the reverence of the student. The right relationship off facts, events and truths is the chief concern of men today. The greatest thing in the world is to know the truth, the bravest thing in the world is to live it.

The world is progressive. It is ever approaching a correct understanding of this unchanging relationship. In every branch of learning new truths are being revealed, new laws discovered, and he who would win the crown which truth awards must adjust himself to the eternal verities.

Men are made free by truth. There are many, however, who, admitting their woeful confusion, are so conservative, so satisfied with present knowledge, that they will not investigate. They cannot grow. There are some so bigoted, so stubborn, that in spite of reason and regardless of evidence they pursue a wanton course in old and beaten paths. There are others so radical, so irreverent, believing all is false, that they ignore the good that is. They are not only poor authority and bad advisers, but world retarders. The truth seeker is liberal; he has a reverent conservatism, is judicious in accepting new things; he proves all things, holds fast to that which is good, presses forward.

It is taken for granted that this is the attitude of the prospective student, especially the student of medicine. Principles rather than policy, conviction rather than tradition or environment, should decide the course of the prospective physician. *His first aim should be to know the truth, what is true regarding health, what is true about disease, what is true about curative medicine.*

History of Medicine.

Confidence is an essential factor of enthusiasm.

Law is an essential factor of science.

Science is the key to progress.

Strange as it may appear, every branch of art and science has made more rapid progress during the past few centuries than medicine. Medical men had not been liberal, had worked in the dark, had failed to grasp the relationship of the things they dealt with; they could not advance. For a thousand years little or no progress was made toward systematizing a science of therapeutics. Men were growing faithless and skeptical as to the possibilities of a science of therapeutics. Dr. Charles Williams says in his "Principles of Medicine" (allopathic): "Compare the state of medicine with that of anatomy, physiology, and chemistry, how minute, how precise, how connected, how definite are these, yet how loose, how indefinite, how uncertain, how unconnected is

the practice of our art." Brown-Sequard, the great pathologist and physiologist of France, said in 1866: "We find very little known as regards the real and ultimate action of remedies. This is much to be lamented." The late editor of the Dublin Medical Journal (allopathic) remarks in an editorial: "Assuredly, the uncertain and unsatisfactory art which we call medical science is no science at all, but a mere jumble of inconsistent opinions, of conclusions hastily and often incorrectly drawn, of facts misunderstood, of comparisons without analogy, of hypotheses without reason and of theories not only useless but dangerous."

Meanwhile the natural sciences have made rapid strides toward organization. In these branches laws had been discovered, their truth proved and maintained, and around them all other related facts have taken their place naturally and inevitably. In physics, Archimedes, by accident, it seemed, had observed and demonstrated the law of specific gravity. In mechanics the law which is its basic principle "the less force equals the greater by moving through more space at the same time" had been discovered by Galileo. Newton's law that "all bodies attract each other directly as the mass and inversely as the square of the distance" became the foundation for astronomy. Harvey demonstrated the circulation of the blood and thence revolutionized physiology. Dalton placed chemistry along with the exact sciences when he proved that "elementary and simple bodies combine with each other to form compound bodies in definite and fixed proportions." Many others might be enumerated—as the laws of friction, electricity, the elasticity of steam, and the discovery of the magnetic needle; all of these have been means to enable modern inventors to provide for us the comforts of this twentieth century. Because of the discovery of these laws along scientific lines of study there can be unanimity of opinion and assurance of progress.

Until the last century medicine had no such fully demonstrated laws. Its confused state, as well as the unsatisfactory results in practice at the close of the previous century, was an excuse for the more intelligent and conscientious to shift about for a more definite and assuring means of healing the sick. Time and again the more philosophical of the profession had glimpses of the guiding law. But none were astute enough to formulate and promulgate the doctrine.

A Law in Medicine.

It was not until 1796 that a definite law of therapeutics was ever asserted. Six years previously, while Dr. Samuel Hahnemann was translating Cullen's work on allopathic materia medica, he suddenly conceived the mystical idea of the law of Similia Similibus Curentur. Here it was that he read "cinchona bark when taken in large doses would produce on the healthy symptoms similar to ague." Yet it was recommended for the cure of ague. He paused in his work and marvelled at this coincidence. "Can it be possible that this is the reason why cinchona bark cures ague," he asked himself. He would experiment upon himself; he would know the truth. Lo, and behold, his surmises were verified, he developed a typical chill, and symptoms of an intermittent fever. He made a decoction of the bark and prescribed it to the sick complaining of similar symptoms, and to his delight the coincidence became a verified fact in his experience. He might have shouted, as did Archimedes, when he plunged into his bath and noted that he had displaced an amount of water equal to his own bulk, "I have found it! I have found it!"

The law of therapeutics seemed very clear to him then. On making subsequent provings of other drugs upon the healthy, and prescribing them in like manner for the sick with similar phenomena, he was invariably successful.

Two Schools in Medicine.

Since the announcement of the observation Hahnemann made, there have been two medical schools; the one allopathic, supporting the ancient notion of prescribing for the sick on the basis of results obtained by experiments; the other homœopathic, resting its therapeutics upon the law of "similars."

Teachings in Common.

Before going farther into the discussion of the tenets of each school let us eliminate the subject matter upon which all agree, and because of which there would be no grounds whatever for distinct and separate institutions. All the natural sciences, so far as they are applicable to the study of medicine, have or should have equal prominence in the course of study. Physics and chemistry are the same in both; botany and zoology, biology and physiology, as important to the one as to the other, are taught in both. Anatomy and surgery are subjects upon which there is little ground for contention. We use the same text-books in histology and psychology, and apply nearly the same rules in hygiene and dietetics.

Where the Schools Diverge.

On two subjects only do we diverge, and yet these subjects stand for all that makes any medical college necessary. They are first, etiology and pathology, the cause and nature of disease; and second, therapeutics, the science of cure. Here we divide. On these two foundation stones we must erect systems of medicine. It is hard to separate these subjects, as a science of cure is almost wholly determined by understanding the cause and nature of disease. This statement is verified by the fact that in the past allopathic therapeutic methods have been changed from time to time to adjust themselves to the new theories of pathologists as to the nature of disease. On the basis that disease is due to some morbid matter existing in the body, it calls for purges, diuretics and sudorifics; or, if there were any inequalities of circulation these call for blisters and bleeding; toxins in the blood call for chemical antidotes; bacterial infection calls for antiseptics, the therapeutic agent always changing with new explanations of morbid processes. There being no fixed etiology and pathology there could be no enduring therapeutics.

There could be no fixed etiology, because there was no fixed point of view. The "pathologist," being at the same time a chemist, a physiologist,

anatomist or histologist, would invariably interpret the morbid changes from different points of vision. Since there was no universal law for disease phenomena, the chemist would detect chemical irregularities in the tissue; the physiologist, disordered function; the anatomist, deformities, and the histologist, cell degeneracy. Consequently there could be no uniformity of opinion, and the existing predominant influence determined the drift of therapeutical empiricism.

Homœopathic Standpoint.

While it may not be possible to give a complete analysis of morbid changes, however, there are important points upon which Homœopaths agree.

First. Any natural phenomena, per se, cannot at the same time be cause and effect.

It goes without saying that matter cannot exist without cause. Matter of itself is inert; it cannot move; it cannot grow; it cannot think; even organized bodies cannot exist for any length of time without an immaterial element to hold their parts in combination. The earth, the sun, the universe, all manifest an omnipotent influence operative over all, through all and in all. All matter is impregnated with a vital element.

Man has "the breath of life," his body is the temple of a living soul. There are no accidents in nature, man exists because of the influx of life. Without the spark which vivifies the tissue even his finely organized and complicated body would crumble into dust. Call it vital force, simple substance, dynamic power, or what you will, yet back of these bodies, back of organic and inorganic forms, back of earth, the sun and the universe itself is the modifying influence of an immaterial force. Rational beings cannot leave it out of account. It must play a part in any pathological or therapeutic discussion. Yet to the allopathic prescriber this is so much nonsense. He sees nothing in man but a complicated, though systematic arrangement of tissue elements. From his standpoint the body is the beginning, the end, the sum total of man's existence. That which he cannot see, feel or hear is of little consequence as far as therapeutics is concerned.

Second. Disease is dynamic disorder.

The homœopathic physician acknowledges the immaterial element of man's existence as playing an important part in his emotions, sensations and functions. He sees deeper than the body, he perceives the hand of law working in his tissues. To him disease means more than degenerated flesh and blood. It means disordered vital economy. To him health is an index of good government, or a proper adjustment of vital forces within the body. Disease stands for bad government or a disordered vital economy.

Let me illustrate this point by analogy. A state is founded on its constitution, a constitution on the will of the people. The will of the people is determined by their intelligence, intelligence is a measure of the perception of right relation, and morals is the measure of its practice. If the intelligence is great and the morals good, so long the state will endure. Let these degenerate and the state will crumble to dust. Enemies may harass and storms threaten, but if the people be patriotic, wise and pure, the state is secure. The greatest enemies to any state are the enemies within. Social and political decay will ultimate in riot and ruin, disorder will prevail and disolution threaten. What can be done to restore the state? Three ways suggest themeslves in such conditions: (1) Coercion, (2) compromise, (3) regeneration and education.

To coerce the state is sure to meet with resistance or ultimately destroy it; to compromise is always temporary and partial; to regenerate requires wisdom and time. So it is with the sick man. To try to compel his organism to function only meets with resistance and complication. How often the invalid is drugged with concoctions which disarrange his digestion, disturb his circulation and paralyze his senses in the endeavor to coerce the parts into a state of order, forgetting the disordered life principle and disregarding the profound struggle which nature is making to restore normal function. Nor can permanent order be restored by compromise. We palliate symptoms for awhile, but eventually they will recur and most generally in an aggravated form. We are driven to admit, theoretically at least, that the only rational method that promises to be safe, speedy and permanent would be to restore order at the center of government. To treat the patient, not his parts; the tenant, not his house.

In this analogy is illustrated the contention between allopathy and Homœopathy. The one magnifies the material, the other the immaterial phase of man's existence; the one suppresses, the other regenerates. The allopath says the body is the man, therefore, disease is a pathological lesion, which, when locally repaired, will functionate normally, forgetting the immaterial factors without which there could be no man, either in a state of health or disease. He plasters with poultices to draw out some morbid matter; he washes with antiseptics to destroy the microbes; he irritates with caustics to enforce a healing process; paralyzes the part with anodynes to relieve the pain, too often ignorant of effects and indifferent to consequences. Perhaps after all the swelling does not subside, the sore does not heal and the pain recurs. He sees nothing but the lesion and this absolutely refuses to be restored. He has called to his aid all the local adjuvants which experience from previous generations has suggested. He has fed his patients with the most nutritious diet. He has tried emetics, purgatives, sedatives and stimulants, yet the disease not only persists but spreads. The whole vital economy is aroused; now it is a struggle for existence.

Can disease exist without a cause, can a carbuncle, an ulcer be both cause and effect? Can tainted blood and palsied nerves be the beginning and the ending of disorder simultaneously? Impossible! There is something prior to ulcer, blood and nerve. It is the man himself. The patient is sick, not his skin, his blood, his nerves; the disorders in these are simply indices of the nature of the disordered man, hints to tell us he is sick, just as the staggering gait, the bloated face, the irrelevant talk tell us a man is drunk. His tissues are not intoxicated, the man has lost co-ordination and the sense of adjustment; his vital processes are in confusion, he is

readily diagnosed a drunkard. How foolish it would be to advise the tying of hands to abolish stealing, the ligating of lips to suppress swearing, forgetting the while that the man is a sinner and these are but his symptoms. His inner life is wrong, he needs regeneration and readjustment of its principles to correct his faults. Just so truly the sick man is suffering from perversion and disorder of the vital forces. These must sooner or later be readjusted if he may enjoy ease and comfort. Then, and not till then, will all his morbid conditions and symptoms disappear safely, speedily and permanently.

There must be a definite relation between the ultimates of disease, as they appear in the body, and the cause of disease as a condition of disordered vital force. Without that cause there could be no lesion. Give that cause, and there must eventually appear a given lesion. Remove the cause, if such be possible, and the lesion must disappear in all curable cases.

Objections to Allopathy.

Allopathy uses physiological means to correct a dynamic disorder. Therefore, it is often incompetent to eradicate the cause. Local applications do not remove it, and do not restore a healthy state. For example, an eczematous eruption of the skin is a pathological lesion which represents an internal disorder; it exists because of such disorder. One of Nature's methods to restore order is through eruptions; the eruption is no accident but a natural sequence. The economy is protecting itself by eliminating that which is an enemy to health. That this constitutional trouble manifests itself in a particular kind of eruption is evident to everyone who observes. The allopath undertakes to cure this eruption, and applies some astringent salve, which, perhaps, dries it up or "drives it in." At any rate it disappears. By this act he has opposed Nature's process. Nature's physician seems to say, "Through the skin is the safest and freest avenue of drainage; an eruption here need not jeopardize the life of the patient." Allopathy says, "This discharge must be stopped." So without inquiry into vital causes he attempts to prevent what Nature is doing for the patient's welfare. If he suceeeds it may only follow to his chagrin—perhaps he calls it a rare coincidence—that the disease breaks out afresh in some other part, it may be some vital point.

The patient is taken with desperate pain, again palliative medicine disregards Nature's danger signal from within, and with anodynes it muffles the cry for help without relieving the cause of the distress. It is only temporary, it cannot be permanent. The physician is unable to affect the immaterial plane with heroic doses, or at least a combination of drugs, for if they do no harm they must be assimilated or eliminated, and at best can only minister to the body on the physical plane.

Allopathy has no law in therapeutics. The only basis upon which it offers its prescriptions is the experience of other men in other cases. Granted that cases are cured upon this basis, which is readily admitted, there are serious objections to allopathic methods.

First. Its prescriptions include, with rare exceptions, two or more active ingredients, not all of which can be specifically indicated in any given case.

Any drug when taken into the body and assimilated must spend its force some way somewhere, else why should it be prescribed at all? Two or more drugs must inevitably react in as many different ways, else there would be no apparent necessity for more than one. Now, if the disease is a local lesion, and these drugs are spending their force in different directions, it stands to reason that all of them cannot affect the diseased part. No doctor can prescribe two or more drugs wisely unless he is able to explain two propositions:

a. As to how these drugs, when taken together, will react upon one another, chemically, physiologically and dynamically.

b. In what direction and with what final effect will these drugs spend their forces upon the human economy.

Unless these principles are understood the physician who prescribes must confess his ignorance of grounds for making his prescription. It is folly to say that drugs not specifically indicated will do no harm. This alone is a confession of weakness. And, if they are to be of no benefit why disturb the system with the disposing of them, which alone would require the expenditure of valuable energy. Scientific (?) medicine prescribed for an epileptic:

℞. Iodide of potash,
Syrup of tolu,.....aa ℥iij.
Syrup of Ipecac, ...℥iss.
Fluid ext. Veratrum viride, ..℥i.
Morph. sulf., ...grs. iij. Mx.
Sig.—One drachm to be taken three times daily.

Also Bromide of sodium was to be taken in increasing doses until it produced bromism; also some blue mass to alter the secretions, and for the bowels a pill, now and then, composed of Aloes, extract of Hyoscyamus, extract of Nux vomica and extract of Ipecac. Ten separate function-deranging agents to cure an epileptic. Can any chemist explain the reaction of these drugs on one another, not to mention their action in the human economy. Hahnemann said: "The business of the physician is to heal the sick, speedily, gently and permanently." Does it stand to reason that this method would be gentle? Is it even safe? Upon what principle in therapeutics has "the disease been cured?"

Second. Experience is not a safe therapeutic guide.

a. The recurrence of cases of exactly similar type is highly improbable.

b. The action of a drug on one patient might be wholly unlike its action on another, just as ordinary food stuff agreeable to one might be obnoxious to another.

It is for this reason that science has drawn such widely different conclusions on therapeutic measures when depending on experience. What one doctor uses successfully another fails with; what one doctor recommends, another claims is dangerous. Their experiences differ, because no two patients or their sicknesses are identical. Under such conditions, what is the inexperienced to do? Can it be that Dr. Kent's old allopathic preceptor spoke the

truth when he said to him: "Doctor, you will lose scores of cases before you will learn what not to do."

Third. Allopathic physicians do not agree in their prescriptions.

They have no means of actually determining what is the indicated remedy in any case they treat; they declare there can be no law. Osler, one of the greatest of allopathic practitioners and authors, says repeatedly in his text that the expectant methods are all that can be depended upon. He even refuses to suggest indicated remedies in his treatise on practice (allopathic). Outside of Opium, Calomel, Quinine, Potasium iodide, salts and Arsenic, the dominant school depends largely upon the recommended preparations of pharmaceutical houses for its remedies. Dr. S. E. Chapman, of California, took a very careful record of the symptoms of a patient with a detailed history of the case. He sent this statement, enclosing a two dollar bill, to ten allopathic physicians of national repute, and asked for a prescription. At the same time he sent the statement to ten Homœopaths of equal repute in different parts of the United States. Eight of the allopaths answered, and sent as many separate prescriptions, including a score or more of distinct drugs. No two agreed; one refused to prescribe without seeing the patient; one did not reply. The Homœopaths gave a unanimous decision in favor of a single remedy. Repeated tests of this kind have resulted similarly. In the light of such variety of conclusions on the same set of symptoms, is it justifiable to speak of allopathic practice as scientific medicine?

Prof. H. C. Wood, in the preface of his "Treatise on Therapeutics" (allopathic), sums up the condition as follows: "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities. Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching that not to bleed a man for pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering with pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like the lotus eaters dream that all alike is folly, that rest and quiet and calm are the only human fruitions?"

The Tenets of Homœopathy.

Is it any wonder that in times like these men of philosophical turn of mind should long for and search for a key that might solve the problem of the relationship of drugs to the phenomena of disease? It has been said that searching minds and living truths cannot always abide apart. Ever since the time of Aristotle it was conceded that such a relationship existed, and frequently the truth was all but revealed. It happened by the merest chance to be disclosed in fact to that master mind, that patron saint of an accurate therapeutics, Samuel Hahnemann. Although from the first it seemed very clear, yet it remained for him to demonstrate to the world: 1. That disease was the product of disordered vital force; 2. that drugs when given to the healthy could produce certain definite pathogenetic variations from the normal; 3. that these results were relatively the same for all men, at all times, in all places; and, 4. finally, that those drugs will cure such natural morbid symptoms in the sick as they have been shown to produce artificially in the healthy.

On this framework Homœopathy has founded her Materia Medica and practical therapeutics. It remains for us to establish these tenets as sound and practical in order to demonstrate the advantages of Homœopathy over allopathy.

Comparing the Materia Medica of the Two Schools.

It is taken for granted that the first point is established. Let us compare allopathic Materia Medica with that of Homœopathy. Homœopathic provings have been made upon healthy human beings; a given drug carefully selected, purified and prepared is taken in repeated doses by a given number of healthy persons. Careful notes are taken by both the subject and his observers of all the signs and symptoms which vary from the normal. Those signs and symptoms which are common to all are set down as of greatest significance. Those that are experienced by a small per cent. of the provers are indicated as of less significance, and so on down the scale. All the signs and symptoms are recorded in a degree of prominence in which they are manifested. In this way all our drugs are proved. Besides these, but of minor importance, might be mentioned the symptoms noted in poison cases which result more or less seriously, and finally, and of the least importance, is the clinical experience of observant practitioners. This constitutes the drug pathogenesis and materia medica of symptoms, so that Homœopaths know relatively what to expect from any given drug, how it spends itself in a human organism, and how it perverts the sensorium.

Allopathic Materia Medica is made up from three sources:

a. Clinical experience, or the result of the action of drugs on the sick.

b. The action of drugs upon healthy animals.

c. The pathological changes produced by drugs as shown by vivisection and post mortems.

The objections to such methods are apparent to thoughtful observers. Such Materia Medica would not only be unreliable but impracticable. It could not be constant in the first place. The effect of a drug upon one person in sickness might be different from that upon another. The causes of diseases being various, the nature of disease being modified by family history, and individual idiosyncrasies, and physical environment, the action of any drug must be uncertain and confusing. Again, animals cannot talk; experiments upon them must therefore be unsatisfactory and unreliable. The nice discriminations, which are most important, of modified sensations and emotions, cannot be elicited from them. Perhaps, too, they are not susceptible to the same influences which men are susceptible to and in the same manner and degree. Finally, suppose the physician could know,

which he cannot, the remedy indicated by the pathological state of the diseased organ, how could he make such knowledge practicable at the bedside? If the doctor must make a microscopical slide of the patient's liver, kidney or spleen to determine the remedy he needs then he might as well engage the undertaker and be done with it. This part of Materia Medica reminds us of the practice of the nurseryman who pulled out the grafts to see whether they had started to grow. Such a Materia Medica based on such observations is not only full of false conclusions and theoretical statements but is very unscientific and impracticable.

The homœopathic Materia Medica is true for all men in all places and in all ages. The experiments on scores of healthy people at one time must give a record that will be constant for all men in all times. The factors are constant, the result must be constant. Given a healthy person and a pure drug, we will get a given pathogenesis. According to allopathic Materia Medica the factors are inconsistant. A variable disease in man and a pure drug must give a variable result. This accounts for the confusion in "regular" medicine.

Drug phenomena equal disease phenomena. Here as in all the natural sciences, law directs, experience confirms. Hahnemann observed the striking similitude between the signs and symptoms produced by the action of Cinchona on the healthy, and the curative action when applied to ague and intermittent fever. His subsequent experience verified his conclusion that the law of similars was true. He first grasped the relationship between drug action and disease signs and set it down as law. Law is not matter, it simply confirms a fixed relationship of matter. When Newton observed that the apple fell when separated from the branch, he was able to assert in a general proposition, which time and experience has confirmed, the law of gravitation. Such a statement of the relationship of bodies is law, until experience can controvert it. There is only one way to demonstrate a law and that is by the practical test. Will it work? To Hahnemann's mind the law was true, because when he applied it, it removed the complaints. It is not a question of logic so much as common sense. It is not a question of probability but of certainty; it must either be true all the time or false all the time. If called upon to define electricity, magnetism or gravitation you would make a dismal failure. Scientific men have given up the idea of reaching an explanation from a material standpoint. However, that does not hinder them from applying these forces according to the laws discovered. No one now refuses to ride in street cars because they do not understand the action of the motor. The cars run and that is sufficient.

In the same light should the law of "similia" be tested. In all the literature against Homœopathy no one has succeeded in proving that it does not work. The small coterie of men surrounding Hahnemann in the beginning of the century has now increased to thousands. They are to be found in every nation. They have come, the best of the early men at least, from allopathic ranks. Every year the number increases, and why? Because Homœopathy cures. The men who put it to an honest test are its converts, there are no backsliders from the homœopathic camp. There are many, indeed, who are incompetent to apply its rigid precepts, and from ignorance or indolence stumble along, sometimes falling out entirely, but never because of the failure of the law. Wherever it has been faithfully applied human suffering has been alleviated.

The provings of Hahnemann made a hundred years ago are true today, always will be true. Allopathic Materia Medica has changed again and again; the text-books of yesterday are obsolete today; the text-books of today will be altered tomorrow. As Prof. H. C. Wood remarked: "What has clinical therapeutics established permanently, indisputably? Scarcely anything beyond the primary fact that quinine will arrest an intermittent, that salt will purge, that opium will quiet pain and lull to sleep." But the Materia Medica of Hahnemann and the early masters is the masterpiece of homœopathic practice forever. When allopathy is forgotten and its patrons pointed out as curiosities of medical history; when its books are laid upon the shelves, dust covered and moth eaten, the provings of Hahnemann will still remain the permanent guide and authority for homœopathic practice. If any prospective medical student desires to practice tomorrow what he learns in the colleges today he must be trained and educated in a homœopathic school.

Homœopathy Is Scientific.

Homœopathy is the only system in which prevision is possible. One of the tests of the universality of a law is the ability to predict results by its application. Given a certain definite set of symptoms it should be possible to determine a definite remedial agent. If this cannot be accomplished by any therapeutic system it is unnworthy the name of being scientific; it does not merit the patronage and favor of a science-loving public. When Asia was being swept with cholera and allopathy was losing over two-thirds of its patients, Hahnemann secured a description of a typical case, and after comparing the symptoms with those of the proved drugs, publicly declared that in the first stage Camphor would relieve, and in the later stages the remedies were Cuprum and Veratrum album. When the plague struck Europe, by these simple remedies Homœopathy was able to save three-fourths of the cases, while allopathy was still losing two-thirds. It was on the result of the law of similars as applied to cholera that hundreds of unprejudiced and thoughtful doctors of the old way were compelled to loosen their moorings and investigate the tenets of Homœopathy. To investigate was to be converted. Hereby hangs the most interesting chapters in the life story of Jahr, Hering, Lippe, Holcombe, Dunham and others.

Homœopathy is to be preferred to allopathy because it engenders confidence and enthusiasm. The successful mechanic must know how to use his tools, when to use them, and where to use them. If he knows these things the building of a house becomes an intensely interesting piece of work. If the surgeon knows his anatomy and is skillful with his instruments an operation is a delightful task. The chemist who understands the relationship of ele-

ments is fascinated with his experiments, and the doctor who knows the action of all his remedies, and the exact diseased state in which they are applicable, finds pleasure and profit in his practice. The Homœopath knows the drug action of every remedy that he uses. According to the law of similars he knows, then, in what diseased states they are applicable. He has reason to be confident. Someone has said, "He that knows and knows that he knows is wise, follow him."

A man cannot be scientific and at the same time be ignorant, prejudiced or indolent. The medical student must answer these questions for himself:

First. Is the law of similars true; if not, why not?

Second. Has any substitute been offered for it?

The Homœopathic Principle Tested.

Homœopathy asserts that it is true. For a hundred years it has been subject to investigation; the pioneers of Homœopathy were allopaths who had investigated it. Out of the committee of five appointed by the leading British Medical Society to investigate and expose it two were converted and the other three never reported.

Constantine Hering, who became the patron saint of Homœopathy in this country, was similarly appointed by a Berlin Medical Society to investigate it and to controvert it. His conversion resulted. Our late Dr. P. P. Wells is another who enjoyed a similar fate. It has been so thoroughly tried and tested that to deny that the law exists is foolish; one might as well say that the earth does not move nor the apple fall. The fact that ninety per cent. of the graduates of her colleges spend the remainder of their days in its practice, while only thirty-three and one-third per cent. of the old school graduates stay in that profession, would indicate that it was true. Almost every consistent and energetic homœopathic practitioner is making a good income, and what is better he delights in his work. Truth is never narrow; one truth is but a stepping stone to another. Standing upon the vantage ground of truth all related facts are revealed, error is dethroned and faith is supreme. The Homœopath is not a skeptic, he is not working in the dark, but obedient to law he loves it, and because he loves it he obeys it.

The Discouragements of Allopathic Treatment.

Allopathy has neither been able to demonstrate the fallibility of the law nor to formulate a substitute, therefore its practice is not only empirical but lawless. Is it any wonder that the more thoughtful become disheartened, disgusted and some of them dishonest? Disheartened, because like ships adrift they have no rudder; disgusted, because they cannot cure their patients; dishonest, because they have lost their faith in drugs and dare not retreat.

For this reason allopathy in these later days, failing in medicine, is magnifying surgery. Nearly every serious case is subjected to an operation. So common has this become, and when surgery is not indicated, especially in chronic diseases, that even among students this expression is common fun—"The operation was a success but the patient died." Even in therapeutic surgery there is confusion; what one commends another condemns. The patient is subject entirely to the caprice of his doctor, who proceeds to adopt a course of treatment recommended by the profession much as our grandmothers prescribed catnip or peppermint tea according to the dictates of the most influential neighbor.

Homœopathy In Practice.

Homœopathy has won its most unmistakable rights to the favor of science by its results in practice. Here only can we estimate the great difference between the schools. Statistics talk; if you were going to invest your money in land you would inquire into the productivity of the soil. If you were going to invest in loans you would demand the best security. In every business enterprise you would count the cost and estimate the gain. So, too, the prospective doctor must ask of the schools three questions:

First. By which system have I the assurance of the least mortality?

Second. In which school are my opportunities and possibilities the larger and nobler.

Third. Which do I want, science based on law and fact, or only the consensus of curent opinion?

Since statistics are open to all they will tell their own story. Allopaths never care to refer to them, they are too embarrassing, there is too much to explain. A man prominent in the profession recently remarked that "with all their increase of remedial agents in the last fifty years, the allopaths have not been able to reduce the mortality in pneumonia in a single per cent."

Another doctor bewailed the lamentable increase of heart failures since the introduction of coal-tar products for acute disease. The late Dr. Rush, of Chicago, speaking on this point said: "Instead of modern medicine limiting disease it has been instrumental in complicating and increasing it." On the other hand, the mortality under homœopathic treatment decreases with the increase of the knowledge of the Materia Medica and the laws of similars. In every instance where records have been kept the mortality is less under Homœopathy than under allopathy. The comparative statistics of Homœopathy and allopathy in hospital practice covering a period of five years compiled by Dr. Joseph Buchner, of New York, shows the death rate of the two schools to be as follows:

Disease.	All.	Hom.	Ratio.
Erysipelas,	23 %	8 %	28—1
Diarrhœa,	21.2 "	.9 "	23—1
Fevers,	5.3 "	1.2 "	4—1
Typhus,	16 "	13.3 "	1—1
Pleurisy,	15.6 "	11.3 "	2—1
Inflammation of bowels,	41 "	6.1 "	7—1
Pneumonia,	29.4 "	6.3 "	4—1
Dysentery,	26.8 "	7.1 "	3—1
Heart affections,	51.7 "	15.5 "	3—1
Apoplexy,	48.3 "	28.5 "	1.5—1
Consumption,	48.5 "	38.5 "	1 1/3—1

This is typical of all hospital records.

A comparison in the orphan asylums in New York covering a period of twelve years showed the allopathic death-rate to be one in every forty-one cases, and the homœopathic death-rate to be one in every one hundred and forty-six cases, or a ratio of three to one. Figures from the report on the epi-

demic of yellow fever in the United States in 1878 showed an average mortality for the allopaths of eighteen and six-tenths per cent., and the Homœopaths six and six-tenths per cent., or a ratio of three to one. In the Irish famine of 1847 three classes of hospitals were instituted with the following results:

Allopathic treatment, death-rate, thirteen per cent.

No treatment, simply cleanliness and good diet, ten per cent.

Homœopathic treatment, death-rate, two per cent.

Here, according to Kidd, the old school treatment proves it to be worse than none by three per cent.

In the light of such statistics, and many more of similar significance, is it a wonder that the Chicago Inter-Ocean has said editorially: "They who have not tried Homœopathy have not half tried to get well."

This evidence should have some weight with the prospective student of medicine. More than this, Homœopathy is rapidly becoming the leading practice in many of our cities. In fifty years fourteen thousand students have graduated from the twenty homœopathic colleges in the United States. Ten million patients are under homœopathic care, and millions more await homœopathic physicians. To-day the demand is in excess of the supply. Thousands of towns and cities are yet without a homœopathic practitioner where handsome patronage is available. With the least mortality the demand is the greatest. With field the broadest the opportunity is the largest.

Every allopathic medical journal will tell the student that the field of medicine is full. State societies are urging everywhere more astringent regulations to check the product. A mighty army of allopaths is jostling elbow against elbow in the mad race for a living, while thousands of inviting fields await the coming of the scientific and successful physician, he who prescribes by law and system. Homœopathy cures, it is an accurate and precise form of practice, it appeals to reason, intelligence and the finer senses of man when studied and understood, and it offers quicker relief, speedier cure, and more permanent benefit to suffering mankind than any system of medication which has ever been devised. Its slogan is "Truth," its history "Progress." He who enters its profession will not have made a mistake.

The Use of Retinal Extract in Atrophic Retinæ.

Robert W. Doyne thinks that the results from the use of retinal extract seem to point to the presence of some physiological principle such as is found in the case of the thyroid gland. Ordinary retinal extract or retinæ preserved in glycerin are of comparatively little value as compared with fresh retinæ. Unfortunately, an obstacle to this treatment is its expense. The dose is equivalent to from six to ten retinæ a day. In the great majority of cases the improvement has been marked and definite. The remedy seems to act by bringing out any potentiality that may remain in the atrophic retinæ. The renewed function has been counteracted by the action of too intense daylight. The writer has seen excellent results in cases of old choroiditis and cases of damaged and thinned retinæ of high myopia.—British Medical Journal, September 26, 1903.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

BY "QUE DITES VOUS."*

Among the beautiful works of art that adorn our national capital is a splendid monument in granite and bronze upon which may be found this inscription:

CHRISTIAN FREDERICK SAMUEL HAHNEMANN,
DOCTOR IN MEDICINE.
HOFRATH
LEADER IN THE GREAT MEDICAL REFORMATION
OF THE
NINETEENTH CENTURY
AND
FOUNDER OF THE
HOMŒOPATHIC SCHOOL.

This monument was dedicated June 21, 1900, in the city of Washington, D. C., by the American Institute of Homœopathy, the oldest national medical society in America. One of the foremost periodicals of the school thus speaks of it: "It stands for what we, as Homœopathists, believe it true and best in medical science; it stands for honesty, for liberality, for tolerance; it stands for scientific medicine; it stands for Homœopathy."

Hahnemann, the founder of Homœopathy, the "Leader in the Great Medical Reformation of the Nineteenth Century," was a German physician, a scholar, a philosopher, and a master of ten languages. He was versed in all branches of science independent of as well as connected with medicine, and he ranked as one of the profound scholars of his day.

In proof of this we quote the following from no less an authority than Sir John Forbes, physician-in-ordinary to the Queen: "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine; the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any since the days of Galen himself. He was undoubtedly a man of genius and a scholar; a man of indefatigable industry and dauntless energy."

John Syre Bristowe, M. D., in an address before the British Medical Association, speaks of Hahnemann as follows: "That he had learning and ability and the power of reasoning is abundantly clear. He saw through the prevalent therapeutic absurdities and impostures of the day; he laughed to scorn the complicated and loathsome nostrums, which even at that time disgraced the pharmacopœias; and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then and theretofore prevailed." Valen-

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*Pursuant to the writer's desire to remain incognito, unless first place was attained.

time Mott, the pride of American surgery, visited Hahnemann, and this is his testimony: "Hahnemann is one of the most accomplished and scientific physicians of the present age." Hufeland referred to him as "one of the most distinguished German physicians," and Jean Paul Richter denominated him "a prodigy of learning."

Many other instances might be quoted to show that Hahnemann was the peer of any of his time in medical learning; moreover, he was a philosopher, one who was not only a thinker himself, but who also taught others how to think and how to investigate. Such was the Founder of Homœopathy, the Leader of the Great Medical Reformation of the Nineteenth Century.

Medical Science in Hahnemann's Student Days.

The state of medical science at the beginning of the century just past, especially in the field of therapeutics, was in a chaotic and unsatisfactory state. The writers of that time were universal in their condemnatory verdicts and showed that a rational and scientific therapeutics did not then exist. The following are a few of the opinions enunciated by the medical fathers of the period: Bichat, the illustrious physiologist, makes this humiliating confession: "The Materia Medica is naught but a conglomeration of erroneous ideas." Sir Astley Cooper declares: "The art of medicine is founded on conjecture and improved by murder." Cullen, whose Materia Medica was translated by Hahnemann, says: "Our Materia Medicas are filled with innumerable false deductions." Girtanner, a very great authority of the eighteenth century, writes: "Our Materia Medica is nothing but an industrious collection of the delusive observations that physicians have made in all ages." Dr. Kruger Hanson, a no mean authority, says: "Medicine, as is now practiced, is a pestilence to mankind; it has carried off a greater number of victims than all the murderous wars have ever done."

A Few Recent Opinions.

Dr. Claude Bernard, the great French physiologist, candidly confesses "Scientific medicine does not exist." Oliver Wendell Holmes showed his distrust of prevailing medicine by saying: "If all the drugs were cast into the sea it would be so much the better for men, and so much the worse for the fish." Dr. Quain, editor of the Dictionary of Medicine, in an address to the British Medical Association in 1873, says: "Alas! our means of curing disease do not make equally rapid progress. This is not as some assert, because disease cannot be cured; it is simply because our knowledge of remedies is deficient." Thus therapeutic impotency is admitted by the fair-minded leaders of the dominant school and by the professors in its own medical colleges. All this would seem to be an acknowledgment that this school is powerless to cure disease.

The Reformation.

Hahnemann himself was impressed thoroughly with the inefficiency of medicine in disease; disgusted with his results he abandoned practice and devoted himself to earning a livelihood by translating books from other languages into German. It was while translating Cullen's Materia Medica from the English that he was struck with the unsatisfactory explanation given by Cullen of the cure of ague with Cinchona bark. The happy idea occurred to him to test the effect of the bark on the healthy human body. His own words are as follows:

"For sake of experiment I took for several days four drachms of good Cinchona bark twice a day; my feet, finger tips, etc., first grew cold. I became exhausted and sleepy; then my heart began to palpitate, my pulse became hard and rapid. I had an intolerable anxiety, trembling, prostration in all my limbs; then throbbing of the head, flushing of the cheeks, thirst, and, in short, all the ordinary symptoms of intermittent fever appeared one after another, but without febrile rigor. In a word, even the special characteristic symptoms of intermittent fever, dullness of the senses, a kind of stiffness of all the joints, and in particular the disagreeable numb sensation, apparently located in the periosteal covering of all the bones of the body, made their appearance. The paroxysms lasted two or three hours each time and returned when I repeated the dose, otherwise not."

As the fall of the apple conveyed to the profound and sagacious philosopher Newton the idea of the law of gravitation, so the physiological effects of Cinchona bark conveyed to the mind of the philosophical Hahnemann the general law of cure by which diseases are to be encountered.

The law of gravitation had existed before Newton, the law of cure had existed before Hahnemann, even the older writers, Hippocrates, Paracelsus, Galen and Stoerck, were at times close upon it, but it remained for Hahnemann to demonstrate it, which he proceeded at once to do, and after six years of experiment spent in testing medicines upon the healthy human body to determine their exact effects,—years also devoted to observing the result of these experiments at the bedside,—he published to the world in an old school medical magazine the law of similia similibus curentur—"Let Likes Be Treated By Likes," the universal law which is applicable to the treatment of disease.

This "law of similars," as it is familiarly called, is in harmony with all nature. Likes beget likes, likes are drawn unto likes, a smile begets a smile, a frown begets a frown. Like sounds produce harmony, unlike sounds produce discord; and harmony, not discord, brings sweet temper, appetite and good digestion. Sunlight brings good cheer, darkness brings despondency, and so throughout the realm of nature the law of likes is ever uppermost.

The enunciation of this law was brought about after long years of patient toil and research by its founder; it is not a mere passing fad, a laboratory deduction heralded today, doubted tomorrow and discarded after a wondrous nine-day life. Its champion was not one to court an evanescent fame by rushing blindly into print. He was sure of his ground and he spent six years of toil and privation in prosecuting his researches. Sphinx, pyramid and obelisk will become worn away by the desert sands; amphitheatre, parthenon and temple will melt in the glowing heat of the sun; feudal castles, moss-covered and ivy-grown, erected to commemorate knight-

ly deeds of chivalry, will crumble to dust; even Homœopathy itself may lose its name, but the immutable law of cure, similia similibus curentur, resting on the rock of truth, will last forever.

What Is Homœopathy?

Homœopathy may therefore be defined as the science of therapeutics based on nature's law for healing. It is the science of the selection of a remedy that causes, in the healthy, effects similar to those for which it is employed in disease. The methodical testing of drugs on the healthy was first done by Hahnemann; he saw at once the fallacy of obtaining a knowledge of drug action by testing upon animals, knowing that the effects of medicines vary according to the animal experimented upon. Thus it is known that rabbits will eat Belladonna leaves, pigs will eat of Nux vomica freely, hogs and horses will eat Aconite, all of which substances are poisonous to man. We know, too, that drugs affect different animals differently, thus Ipecac is an emetic to man and dogs, but not to rabbits. Conium will poison the horse, but not the ox. Hence the necessity of testing drugs on the healthy human body to determine their rightful actions. This testing must be done singly, for to obtain the pure action of a drug it must be administered singly and alone, unmixed with any other substance. If tested singly surely it must be given singly. If given singly there is not the necessity for so large a dose, and this has led to the small doses of the system, for it is reasonable to suppose and experience verifies the supposition that a single drug acts better when uninterfered with by any other substance, and so polypharmacy is no part of Homœopathy. Again, it has been found that the dose repetition is not needed so frequently. Therefore to recapitulate the fundamental features of Homœopathy we say:

First. Disease is manifested by its symptoms—all the symptoms—or, by what we term the totality of the symptoms of a given case.

Second. Knowledge of drug action must be obtained by experimentation upon the healthy human body, and this has been largely done for us by the early workers in the school.

Third. The curative relation between these two sets of phenomena is by virtue of the "law of similars" or similia similibus curentur.

Fourth. The selected remedy should be administered singly, uncombined with any other; hence the doctrine of the single remedy.

Fifth. It should be given in the smallest doses that will cure; hence the minimum dose.

Sixth. As enough is sufficient the dose should not be unnecessarily repeated.

All these topics are capable of a wide expansion and homœopathic physicians are familiar with all their phases.

Homœopathy therefore is a general fact,—a principle or law of nature; it is a practical fact; it stands upon its comparative merits; it is simple and intelligible; it gains by comparison; it is a medical treatment for all time and applicable to all forms of disease, new as well as old. It is a practical guide, a guide to the choice of medicine, not of the dose. It aims to eradicate or permanently cure disease. It economizes the vital forces. It is gentle and agreeable. It administers one remedy at a time. It is applicable to acute as well as to chronic diseases. It is ever prepared to meet any new form of sickness, and by it a physician is enabled to treat diseases that he never saw or heard described. It carries out in detail what all medicine does in general. It is the only system that includes the three great divisions of therapeutics, namely, preventive medicine, palliative medicine and curative medicine. While curative medicine is its specialty, preventive medicine always and palliative medicine only when no harm may be inflicted by the agencies is employed. Homœopathy's principles will stand the test of scientific inquiry, her methods will bear the critical investigations—in fact, these are invited.

What Homœopathy Is Not.

Homœopathy is not an irregular practice; it is founded upon a law. Twenty physicians were once called upon to prescribe for a case of illness. The same symptoms were detailed to each. Ten were homœopathic physicians, and all prescribed the same remedy. Eight of the ten allopaths prescribed forty-two different medicines, in which no two prescriptions were alike. The other two did not respond to the invitation, preferring not to exhibit their therapeutic "regularity."

Homœopathy is not unscientific practice. It is not opposed to pathology; it regards pathology, but not as a basis for treatment; it recognizes that a system of medicine founded on the shifting sands of pathology cannot be scientific. It is not the "little pills." Homœopathy was a working system long before little pills were invented; they are simply convenient vehicles for the pleasant administration of medicines. It is not quackery; quackery is secret and Homœopathy is open to the world and courts the fullest investigation of physician, student and patron. It is willing to stand upon its merits, and it always gains by comparison. It is not a treatment according to fashion,—now anodynes, now germicides, now serums, now blue glass, now creosote, now sulphuretted hydrogen, now anti-toxines. The popular panacea of today, speeding to oblivion supported only by the ephemeral theories of pathology, is no part of it. Its progress consists in a development of its Materia Medica and a better understanding of disease. It is not a faith cure; Homœopathy, it is acknowledged, is eminently successful in children's diseases, and in childhood the faith element is small; also, it is successful in the treatment of animals, and here faith is wanting. While faith and hope in all cases of illness conduce to recovery, and are therefore most desirable, they are no more essential to homœopathic practice than they are to any other medical system. It is not an uncertainty; those who have tried it at the bedside know this better than those whose knowledge is obtained from its antagonists. It is not an infinitesimal dose; this is a popular misconception fostered diligently and perhaps ignorantly by the opponents of our system. Similia similibus curentur says nothing of the dose. A homœopathic cure may be, and is, often wrought with the massive doses of allopathy. Experience, however, shows that small doses act better and with less shock to the system. It is not magic, though cures made by it would almost seem to border there-

on, nor is it mysterious, nor a popular delusion, nor mesmerism, nor mental healing.

By Homœopathy it is not meant, for example, as our opponents assert to ridicule us, that if a man be poisoned he must take more poison; that to remove a sliver from the finger another must be introduced; that to cure a burn one must thrust the burnt part into the fire; that to drink on if one has drunk too much; nor to strike the place that was struck; nor to swallow a tape worm to remove one. These interpretations of Homœopathy and of our law were written with the finger of ignorance upon the ragged page of prejudice, and we stoop not to notice them further.

What Is a Homœopathic Physician?

The definition adopted by our national organization is as follows: "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right." Thus a homœopathic physician possesses everything that is possessed by allopathic physicians, and in addition thereto the science of therapeutics. Who would be a physician lacking this accomplishment?

Says a writer in one of our principal periodicals: "We of the homœopathic profession are the colleagues of the old school whether they will or no; we study the same books; read the same periodicals; discuss the same questions from the same viewpoints in our medical conventions and at our firesides; their bacteria are our bacteria; their germicides are our germicides; their protozoa are our protozoa; their toxines are our toxines; their palliatives are our palliatives, and their surgery is our surgery. Only in therapeutics do we differ." Here Homœopathy particularizes while allopathy generalizes. For instance, a number of children are ill with a common disease; the allopathic doctor will give them all the same remedy, while the Homœopath prescribes according to individualities; he recognizes the fact that no two different temperaments can be sick in exactly the same way; that, for instance, while pneumonia is pneumonia, it affects different individuals differently. Nothing in Homœopathy is routine or haphazard.

Homœopathy Enables Us to Prevent the Development of Disease.

All homœopathic physicians are familiar with the power of remedies in preventing the full development of disease; it was found long ago that cholera could be prevented; that very many acute diseases, such as colds in the head or the starting of a sore throat, can be prevented at the onset. That these would go on to a full development and require many days in their cure without the proper homœopathic treatment is also well known.

The Duration of Disease Is Shortened Under Homœopathy.

In nearly all text-books on the practice of medicine one will find a regular course of duration of most acute diseases set down, a course which a typical case of the malady is supposed to run; thus typhoid fever has a usual course of four weeks and then comes the period that is termed "convalescence," and this is oftentimes longer than the disease itself. Whooping cough is one of the diseases to which is assigned a usual run; also, mumps, scarlet fever, etc. The course of these diseases is much shorter under homœopathic treatment, which manifold statistics prove; this means a saving of working days for the bread-earner and a lessening of anxiety in the household. Under Homœopathy the duration of acute diseases is reduced from one-half to one-third that occupied by any other medical treatment. There is little or no time wasted in convalescence. Our remedies go straight to the diseased part; do not disturb other organs or functions, and when the diseased part is well the patient is well. Under allopathic treatment the idea is to entice the disease to healthy parts in the hope that these healthy parts will succeed in throwing it off; if this is accomplished, there are a lot of tired organs and tissues to rest and regain their power, and this is what is meant by "convalescence" or the getting-well period. There are people whose vocation necessitates a daily appearance; for instance, opera singers and theatrical performers; these have long ago learned the saving of time and engagements by the use of Homœopathy.

The Economical Side of Homœopathy.

There are those who fancy that homœopathic physicians are higher priced than those of the other schools. It is a universally accepted fact that the best is always the cheapest in the end, especially in commercial fields, and this idea should certainly prevail in the field of medicine. The homœopathic physician has a right to charge more, for the reason that he dispenses his own medicines, but it is found that his charges are fully fifty per cent. less than the combined charges of the old school physician and the druggist. Druggist's bills are proverbially high and long; on the other hand, homœopathic medicines are comparatively inexpensive.

This question of the cost is well shown in homœopathic institutions throughout the country, where the cost of medicines is not one-half that of the hospitals and institutions of the other school. As an example of this, take the case of the Protestant Half-Orphan Asylum in New York. It was under allopathic control for seven years, and the cost of the medicines was two hundred and forty dollars. It was then under homœopathic control for ten years, and thirty-five dollars only was expended for drugs, and this is the usual proportion in the institutions of each school. Homœopathy has a great advantage over allopathy financially, in that many families can treat themselves for the simple ailments, and with perfect safety. For, as has been shown, many diseases may be prevented or their course greatly shortened by the timely administration of the proper remedy, and the prescribing of which is no secret art or special difficulty. Though medicine is hemmed in by absurd laws to protect the people, who, by the way, have never asked this protection (it was the doctors themselves that wanted it), there is as yet no law to prevent a person doctoring himself, and this can certainly be done more safely by the homœopathic method.

Another thing that Homœopathy does is to eradicate the tendency to disease, and thus professional

visits are reduced in number to the benefit of the purse. Fewer visits are as a rule required in Homœopathy, for the giving of strong doses, as is practiced by the other school, necessitates frequent visits in order to watch the action of the drug.

What Homœopathy Has Done.

It has abolished bleeding, and bleeding was the accepted treatment of all diseases for a number of years after the introduction of Homœopathy. A book was written on the subject as late as 1835, and the operation was in full sway in 1848. In 1860 physicians bled for scarlet fever, and in 1876 for pneumonia, but today it is not done even in apoplexy, the last disease in which it was given up.

It has abolished leeches. In 1856 about 800,000 leeches were imported into New York, and one commercial house was almost wholly devoted to that traffic. Today the song of the leech is heard no more in the land.

It has reduced the death rate in cholera from fifty per cent. to fifteen; yellow fever from eighteen per cent. to six per cent.; peritonitis from thirty-two to seven per cent., and erysipelas from eight to one per cent. It has robbed pneumonia of its terrors and reduced its death rate from twenty-four to six per cent. Scarlet fever has no frightful mortality under its beneficent treatment, and the scarlet flag of warning is seldom changed into the black flag of death. It has robbed the sick room of the dangers of poisonous drugs, and hence drug habits under homœopathic treatment are unknown. Diphtheria is far more amenable to homœopathic methods; even the claimed improvement by antitoxine, which possibly is a crude form of Homœopathy, does not approach our results. It has instituted investigations never before scientifically and accurately undertaken which have been of incalculable benefit to humanity. It has widened the field of application of drugs to disease by these investigations to an almost undreamed of extent.

It has not only reduced the mortality of our most virulent diseases, but it has cut down the death rate in our institutions in a marvellous manner. In Cook County, Ill., Hospital, the great Chicago hospital where allopaths, eclectics and Homœopaths have representation, the ratio of mortality is decidedly in favor of Homœopathy; next best is the eclectic system, and least favorable the allopathic, which lost twice as many as the homœopathic, and thirty per cent. more than the eclectics, and their patients spend twice as many days in the hospitals as ours. In Melbourne, Australia, the death rate of typhoid fever in an epidemic a few years ago was thirty to fifteen cent. in the allopathic hospital and nine per cent. in the homœopathic hospital. The mortality in the three leading hospitals of New York city the first year the large homœopathic hospital was organized was as follows: Bellevue Hospital, 12½ per cent.; Charity Hospital 8½ per cent.; Homœopathic Hospital, 6 per cent.

Statistics might be quoted to an almost endless extent showing that the mortality under homœopathic treatment is five to fifty per cent. less than under any other system of medicine. Those who are interested in this question will find further data in the little work by Dr. T. L. Bradford, of Philadelphia, recently published, entitled "The Logic of Figures," from which much of the foregoing is taken.

The Growth of Homœopathy.

Oliver Wendell Holmes was a scholar, a delightful poet and doubtless a good physician, but when he turned his hand to prophecy he made a dismal failure. He prophesized the death of Homœopathy in a prophetic article written in 1848. At the threshold of the twentieth century there are more institutions, hospitals, public and private, in the United States than there were practicing physicians of Homœopathy in 1848. Professor Holmes lived to realize his prophetic failure.

In 1875 there was established in the University of Michigan a homœopathic department. Michigan was the first of our States not only to recognize the claims of the new school, but also that the taxpayers who supported State medicine, many of whom, and especially of the better and thinking class, should not contribute alone to the education of physicians of a school in which they had no faith. About that time there was much bitterness shown our school, not by the people nor the authorities, but by the physicians of the dominant school.

A physician who was practicing in a town of Southwestern Missouri, and a graduate of the old school department of that university, wrote a letter to the "Detroit Review" bemoaning the disgrace of admitting Homœopathy to the university. He stated in his communication that Homœopathy was dead in his part of the country; that there was only one homœopathic physician within a radius of one hundred miles from his town, and that he was on his last legs. He said that he felt like turning his diploma with the face toward the wall because of the indignity thus brought upon his Alma Mater. Today the number of homœopathic physicians within a radius of one hundred miles from this town has increased over three thousand two hundred per cent., and it is far from being a populous community.

Ever since Homœopathy was promulgated it has been declared either dead or dying, but somehow or other, like Banquo's ghost, it will not down.

During the last two decades of the nineteenth century the growth of Homœopathy has been commensurate with that of any previous period. Let us compare briefly the status of the school in 1880 and in 1900:

In 1880 there was one national homœopathic body; in 1900, ten.

In 1880 there were twenty-three State societies; in 1900, thirty-four.

In 1880 there were ninety-nine local societies and homœopathic clubs; in 1900, one hundred and fifty.

In 1880 there were eleven homœopathic colleges; in 1900, twenty-two.

In 1880 there were sixteen homœopathic journals; in 1900, thirty-three.

In 1880 there were thirty-eight general homœopathic hospitals; in 1900, seventy-six.

In 1880 there were thirty dispensaries; in 1900, sixty-three.

In addition to this there are about two hundred and fifty private hospitals and sanitariums devoted to the treatment of patients by the homœopathic

method. Thus it is seen that there has been a doubling of these figures all along the line in the past twenty years.

The Persecutions of Homœopathy.

Every reform must be baptized in the waters of tribulation before it will be received by the public. As Homœopathy was the only innovation that ever invaded the medical field it was not to be expected that it should escape the fate of all advanced ideas. "It is not in Jerusalem alone that the prophets are stoned." The abolition of polypharmacy and the revenues from prescriptions first incited the druggists to revolt against the system, and they expended their wrath upon the founder. In later years the success of its practitioners over those of the dominant school excited the bitterest jealousy, and many unkind words have been spoken on each side even while both are honestly endeavoring to achieve the physical regeneration of man. New truths have always been persecuted: When Peruvian bark was introduced it was denominated a deadly sin to take it; anæsthesia met with similar opposition; Harvey, the discoverer of the circulation of the blood, was considered a mad man; when the stethoscope was introduced it was condemned, a physician of that period saying in ridicule thereof, "My ear is not fine enough to hear the grass grow;" when percussion of the chest was suggested as a means of diagnosis it was likened unto rapping on the outside of a bottle of wine to determine its quality; Galileo uttered a blasphemy when he said, "E pur si muove;" Olympic's laughter greeted the steamboat; a "Coo" was on the track of the locomotive; the discovery of vaccination by Jenner was received with ridicule and contempt; Daguerre was dubbed a lunatic for discovering photography; even the humble potato upon its introduction into Scotland was violently denounced as unholy because not referred to in the Bible. Homœopathists have been called magicians of the school of Zoroaster, more skillful charmers than Circe or Medea, more dexterous than Cagliostro or Houdin. Homœopathy has been no exception to the fate of great reforms.

Arguments Against Homœopathy.

The arguments against Homœopathy from the earliest time have been chiefly furnished by those who have never investigated it, or whose knowledge of it has been derived from the writers of previous denunciations.

These so-called arguments have been bitter, and such terms as "homœopathic quackery," "renegades," "absurdity," "delusion," "assassin," "monstrosity," "odious system," "disgusting practice," "loathsome remedies," "fraud," "humbug," etc., gives evidence of their kind. Vituperation is even still used by the professors in some of the allopathic colleges. We could refer to one who always speaks of Homœopathy as "pseudo-medicine." These are the weapons of those whose prejudice prevents their trying the system,—and by the way it takes no small amount of mental acumen to try the system intelligently. It is not learned in a day. Like all the true sciences it is exact, but difficult. Those who claim to practice both ways are those who are in business "for revenue only," and their knowledge of Homœopathy is often as crude as is their knowledge of medicine in general. They are the "Docs" of the profession.

The following from the Philadelphia Medical Journal of as late a date as March, 1900, shows that the "arguments" against Homœopathy continue:

"The downright scoundrels, the out-and-out nostrum traders, the sectarians, are treated by us as the prairie wolf and tramp dogs, the solitary elephants, the forest cats, etc., are treated by their brethren. We expel them, and they are known as enemies forever. Of course they continue to use the education stolen from the profession, and their knowledge of civilized life, to commit depredations on their former masters." This is in accord with regular ethics. This is from an editorial; is it a wonder that the editor was soon removed from his position?

A recent writer against Homœopathy gave seven lines from one of our chief works, Hahnemann's Organon, a book of 300 pages, to furnish his readers with an "example of its style." Could one judge of the style of the Bible by selecting the first seven lines of the Gospel of Matthew as a sample.

Is Homœopathy Sectarian Medicine?

Sectarians we are in the same sense that a man may be a Christian and yet a protestant, an American citizen and yet a republican, a physician and yet a Homœopath. Sectarianism is the offspring of originality and the guardian of progress.

We are accused of trading on a name as if sectarianism was fanaticism. The apostle Paul was accused of belonging to the hated sect of Nazarenes. Josephus styled the Christians a sect. We are coolly asked to abandon the name, as England asked the early colonists to abandon their ideas of freedom. "True sectarianism," says Helmuth, "is compatible with the highest degree of learning; whilst it is firm for the preservation of rights, it has the greatest toleration for the opinions of others. In fact, I might say throughout the world, in theology and in medicine, sectarianism is the authorized expression of doctrine, the definite intellectual expression of belief. I hold that if sectarianism had been a bar to its progress medicine today would be an incongruous mass of poorly ascertained facts; for, from the time that the sons of Hippocrates founded the dogmatists to the period when the allopathic school forced the Homœopaths to become sectarian, the history of medicine is the history of sects, all having more or less influence upon the progress of medical science; nay, more, the majority of the illustrious leaders whose names have descended to our times as acknowledged fathers in medicine were sectarians."

No Homœopathic Representation.

It has been said that we have no representation in the armies and navies of the world, nor in national medical service, nor in railway or steamship employment, nor in life insurance companies as examiners, nor in city, county, or State institutions. Furthermore it has been declared that the homœopathic school is not recognized by scientific societies at home or abroad, and that it has made no advancement in scientific knowledge since its foundation. All these statements are false. In the late war with Spain nine of our surgeons were in service, three

with the rank of major. Many homœopathic physicians and surgeons are connected with railway medical service, with insurance companies as examiners. Many United States pension examiners are Homœopaths. There are eight homœopathic hospitals for the insane under State control and their records are emphatically in favor of our system. Three State universities have homœopathic departments, Two city universities and one other have homœopathic schools conected with them. As to our scientific investigations, that we have made them, no further evidence is necessary than to point to the instances wherein the old school has appropriated our remedies and the uses of them as derived from our investigations in corpore sano.

Inroads of the Dominant School in Homœopathic Drug Employment.

The use of Aconite by the old school is comparatively recent, but the drug was used by Hahnemann three-quarters of a century ago for the same indications that it furnishes today. Hahnemann, one hundred years ago, suggested Belladonna for the same uses to which it has been applied during the past two decades. Phillips, a few years ago, in a work on Materia Medica, speaks of Rhus in paralysis; we have used it since 1816. He gave Bryonia anew to the world. We knew it and used it in 1816. Cuprum is a new remedy of the old school; we used it in 1805; the same is true of Pulsatilla, Camphor, Ledum, Thuja, Cannabis, Euphrasia and many others. The use of Castor old, Magnesia sulphurica and Podophyllum in dysentery; Mercurius cyanatus in diphtheria; Gelsemium in colds; Hamamelis in hæmorrhoids; Phosphorus in pneumonia and fatty degeneration; Lycopodium in uric acid deposits in the urine; Apis mellifica, or the poison of the honey bee, in rheumatism,—are among the allopathic "finds" of the last twenty years. For these affections Homœopaths have used the same remedies for over fifty years, and in many instances a hundred years. The poison of the rattlesnake is just now proving a great remedy in cases of the bubonic plague in India,—our own Crotalus, seventy-five years old! This is the very genius of Homœopathy.

Bacteriological Therapeutics.

The late Rudolf Virchow, one of the greatest medical men whom science has produced, announced a short time before his death that modern bacteriological therapeutics rested on a homœopathic basis. The same may perhaps be said of antitoxine; of the Pasteur treatment for hydrophobia; of vaccination or the treatment of tuberculosis by tuberculin or neuclein. While these methods have not been generally approved by homœopathic physicians because irregular in their genesis, it is a source of satisfaction that the very acme of old school scientific research verifies our principles. We cannot, however, close our eyes to the fact that many bacteriological practices are steeped with commercial interests. The pharmaceutical laboratories do as much, if not more, to further the use of these various substances than physicians themselves, yet it would seem that even the latter are not guiltless. "Behring has patented his diphtheria antitoxine serum on the continent; Koch for years has made a princely royalty out of his lymph; little Denmark has boomed her butter trade through tuberculin." Neuclein comes high, and the profession would seem to be on the search always for some revenue producing serum, or some "gusher" of a toxin well.

Achievements of Hahnemann.

No better summary of the achievements of Hahnemann exist than the following written by the late Dr. Selden H. Talcott, superintendent of the Middletown State Hospital, New York:

"1. He portrayed the true nature of disease and described it as a disturbance of vital force.

"2. He enunciated the law of similars embodied in the doctrine, 'similia similibus curentur,'—a law on which scientific medicine is inevitably based.

"3. He inaugurated the plan of proving drugs upon the healthy before using them as medicines for the sick.

"4. He discarded polypharmacy as unscientific.

"5. He adopted the plan of using the single remedy for the safe and speedy cure of disease.

"6. He made war against bleeding, blistering, purging, administering emetics and all forms of unnecessary depletion.

"7. He defined medicine in a manner comprehensive enough for all time. In his Lesser Writings he states: 'A knowledge of disease, a knowledge of remedies and a knowledge of their employment (that is for the cure of disease) constitutes medicine. That definition has not yet been improved upon.

"8. He reduced the size of the dose until all danger of aggravation from the drug was removed. He proved the possibility of successful treatment by the administration of medicines in minute quantities, and when the fact was determined there was a gradual abandonment of the 'kill or cure' doses of the ancients."

The Advantages of Homœopathy.

The advantages of Homœopathy to the physician may be thus summed up:

1. The emancipation of his mind from doubt and confusion.
2. The provision of a guide.
3. The simplicity of the means.

The advantages to the patient may also be thus summed up:

1. The banishment of nauseous drugs, painful and debilitating measures.
2. Greatly increased efficacy and success.
3. Deliverance from medicinal diseases and other destructive consequences of former methods of treatment requiring months and years to eradicate.

We quote the following from a prominent writer on Homœopathy: "Homœopathy fills no insane asylums with drug wrecks; she populates no almshouses with mercurial sufferers; she inhabits no dens with morphine fiends; she infests no human frames with the awful disasters of the hundreds of drugs that might be named; she vagarizes no brain with the fanciful visions and vicious tremens of cocaine and alcohol. She comes to save, not to destroy. She comes to cure, not to palliate." What further advantages could appeal more forcibly to a patient than these?

Our Homœopathic Medical Colleges.

Our institutions of learning are the pride of Homœopathy in this country. Our colleges are located in Boston, New York, Philadelphia, Baltimore, Cleveland, Cincinnati, Ann Arbor, Detroit, Minneapolis, Chicago, Iowa City, St. Louis, Louisville, Kansas City, Denver and San Francisco. It is one of our proud boasts that our school has ever been in the lead of medical education. The first college to establish a three years' compulsory course in medicine was a homœopathic college, and it antedated this feature of old school instruction by twelve years. A four years' course is now compulsory in all our colleges, and the sessions have been lengthened to eight and nine months in many of them with a minimum requirement of seven months. Three of our colleges are connected with State universities, three are connected with other universities. Our laboratory facilities are equal, and in many instances superior to those of the majority of the old school teaching institutions. Our clinical facilities are represented in large hospitals connected with all of our colleges. There is an esprit de corps among our students not found elsewhere, and the classes being smaller than old school institutions students are brought into closer relationship with faculties and with patients.

Our teaching of the elementary branches of anatomy, physiology, chemistry, physiological chemistry, hygiene and sanitary science is in the most capable hands. It is said of us that we pay little attention to the subjects of bacteriology, pathology and diagnosis. Nothing could be further from the truth. Our teaching in these branches is all that is taught in any medical institution of the country, and far beyond this; our bacteriological studies extend beyond the mere study of the subject; we make this important topic pay a rich tribute to our knowledge of drug action in the treatment of disease. Pathology, while it does not form a foundation for our therapeutics, is studied in its ever-changing features and helps to further our understanding of disease and thus pays tribute to the common aim of our system, namely, to cure disease. Diagnosis is not studied with us to merely distinguish one affection from another, but as a means of remedy selection; we make diagnosis of value to the patient, not merely a satisfaction to the physician,—and so throughout the vast field of medical learning. In most of our colleges women are admitted on equal terms with men, and in New York we have a college alone for women. There is no college in the homœopathic school that a student would make a mistake in attending; though few, they are of high excellence and standing. Our colleges are under the supervision of the Intercollegiate Committee of our national organization, the American Institute of Homœopathy, and in them is taught all that pertains to the great field of medical learning and in addition thereto homœopathic medicine.

The Literature of Our School.

The literature of the homœopathic school is a growing and efficient one. Our chief work has been done in the field of the study of drug action and the fitting of the same to disease. In every field where the application of the remedy would lend aid to the cure we have a fine literature; in all the specialties, in surgery, in the practice of medicine in all its various branches, we need not go out of our school for learned, complete and up-to-date works. In the fixed branches of chemistry, anatomy and physiology we rely upon the standard works on these subjects from whatever hands they come. We have our own works on diagnosis, urinalysis, electricity and kindred topics. Our periodical literature is a praiseworthy one and gives the "abstract and brief chronicles" of the progress of general medicine, as well as that of our own system. Our research literature is an imperishable record of true medical progress. Our societies publish transactions, our colleges issue bulletins and journals, our hospitals publish reports and statistics. In short, all the field is occupied, and well occupied. Our libraries contain not only the works of our own school, but the best there is in medicine in other schools.

Therefore, Choose the Homœopathic System.

To recapitulate and to conclude: We maintain that students of medicine should select the homœopathic system for the following reasons:

First. It offers all that old school medicine can offer in the medical field, and more, since it adds thereto a knowledge of homœopathic medicine, Materia Medica and therapeutics.

Second. It is a scientific system; its practitioners are possessed of knowledge not possessed by any other one system; its colleges and teaching facilities, laboratories, hospitals, libraries, journals—all institutions of the school—are surpassed by none in the great medical field.

Third. It offers a profession that is not overcrowded, fields that are virgin, opportunities that are waiting, fame and fortune to be won.

Colleges.

SPECIAL LECTURE DAY AT THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

A special lecture day was held at the New York Homœopathic College and Hospital on January 27th. The lectures and clinic lasted the entire afternoon, from one to six P. M.

Clinic By Dr. H. F. Biggar.

The first number on the program was a surgical clinic by Dr. H. F. Biggar, of Cleveland. The doctor entertained the large audience for a half hour with an interesting lecture on the subject of Conservatism in Gynæcological Surgery, and performed with the assistance of his son, Dr. H. F. Biggar, Jr., a laparotomy. It was a pleasure to see this old war horse of the college amphitheatre operate and to listen to his entertaining and instructive remarks. The audience was a large one, many having come from a distance especially for this clinic. Dr. Biggar maintained his popularity with the ladies, for, though the New York College is strictly a men's college, some twenty-five or thirty of the fair sex graced the seats of the amphitheatre in honor of his presence.

Materia Medica Lecture.

Dr. Biggar's clinic was followed by a lecture on Cimicifuga racemosa, by Dr. W. A. Dewey, Professor of Materia Medica in the homœopathic department of the University of Michigan. This was held in the large amphitheatre of the college building, which was crowded to its full capacity.

Practice of Medicine Lecture.

Dr. J. B. Gregg Custis, of Washington, followed with a lecture on the practical application of homœopathic remedies in a number of common affections, differentiating the same with great precision and nicety. It was an intensely practical lecture, and one that was appreciated by all who heard it. Dr. Custis is an earnest speaker, and is so thoroughly convinced of the truth of the homœopathic system that his remarks had that positivism about them that is an essential factor in the lecture room.

Materia Medica Lecture Number Two.

The exercises of the afternoon concluded with a lecture by Dr. Frank Kraft, of Cleveland, Ohio, formerly Professor of Materia Medica in the Cleveland Homœopathic College. The subject chosen was "A Little Salt," but the greater part of the time was consumed in illustrating methods of making the Materia Medica entertaining as well as instructive. The points made by Dr. Kraft brought forth frequent applause from his hearers, and served to fix many images of our remedies on the memory. The doctor illustrated his remarks by a free use of the blackboard. He is one who believes that it is better to have five remedies under the hat than five hundred in a note book on the piano. One is led to ask, in view of the excellence of his methods of teaching, and the manifest interest he not only awakens but sustains in his hearers, why he is simply "formerly" professor in a homœopathic medical college? It would appear to us that some enterprising medical college would do well to secure the services of this excellent teacher and world wide materia medicist. It is one of the most difficult branches of our system to teach, and one who can invest the subject with the interest and attraction that Dr. Kraft can should never be allowed to be out of a professorial chair.

Dr. Kraft's lecture consumed the entire time allotted to him, and the expressions from the audience that came to our ears were that the afternoon had been well and profitably spent, and that a repetition of the idea would not only be welcomed by the students and alumni but that it would be of signal benefit to the progressive and up-to-date institution.

Correspondence.

Dr. McConkey's Acknowledgment.

San Francisco, Cal., Feb. 2, 1904.

Editor Medical Century—I wish to acknowledge receipt of your letter enclosing the Medical Century's certified check for $100. I have not cashed it yet, or even unpinned it from the letter, as the two together make an exhibit that I am very proud to show to my friends. I had a good deal of respect for the individual members of the committee before I received your letter with the announcement of their decision, and now I am sure they are all good fellows. I appreciate highly also your kind opinion of the essay. I shall be glad to have the benefit of your help in getting it into shape for final publication. May I ask you to express my thanks to the contributor of the prize, who thus far has too modestly kept in the background. I am grateful to you for your part in the matter. I shall feel honored to be an occasional contributor to the Medical Century. Fraternally and cordially,

Thos. G. McConkey.

The Library.

BOOK REVIEWS.

Are We to Have a United Profession?

By Charles S. Mack, M. D., La Porte, Indiana.

This little pamphlet of 44 pages discusses the title question, and practicaly shows that there probably will be a union of the schools some day, but not until Homœopathy is recognized as a system of cure, and due credit given it for the work it has done in medicine. It is an interesting discussion of the subject and will repay perusal.

The Blues,

Causes and Cure. By Albert Abrams, A. M., M. D., Cooper Medical College, San Francisco. E. B. Treat & Co., New York, 1904.

The following from the author's preface shows that—

"The object of this volume is to direct attention to a new and heretofore undescribed variety of nerve exhaustion, which I have designated as splanchnic neurasthenia. This special form of nerve weakness is characterized by paroxysms of depression of varying duration and is popularly known as 'the blues.' Its recognition is of more than theoretic interest. A mere theory may be of interest to our profession, but the layman asks science for results.

"Its recognition, and the factors involved in its causation, imply our ability to cope with the evil and to offer to the sufferers not only amelioration, but a cure. From many years' experience with neurasthenics I know of no variety of neurasthenia which is more amenable to treatment than the splanchnic form. A perusal of the subject matter of this volume will show that I have referred its origin, in brief, to a congestion of the intra-abdominal veins.

"Among the many resources of Nature to combat this tendency, the vigor of the abdominal muscles is paramount. The tonicity of the muscles in question is impaired by mal-hygienic clothing, occupation, disease, lack of exercise, and a host of other conditions. The decadence of the abdominal muscles is a modern heritage; and so are hæmorrhoids, constipation, hernia and a multitude of other evils that may be traced to enfeebled abdominal muscles.

"There are a large number of impaired conditions which really owe their genesis to a congestion of the intra-abdominal veins; such affections are essentially forms of splanchnic neurasthenia, and often produce only local symptoms, confined to the abdominal sympathetic, and may never extend to implicate the central nervous system. These are especially amenable to the treatment suggested in this book, all of which is based on purely physiological reasoning."

Compend of Diseases of the Ear, Nose and Throat.

By John J. Kyle, B. S., M. D., of the Medical College of Indiana. Philadelphia, P. Blakiston's Son & Co., 1903.

This is one of Blakiston's well known quiz compend series, intended for the student and general practitioner, and epitomizers the best thought upon these subjects. As such it will prove a useful volume. Small books on all subjects are eagerly sought and more is often learned from them than from larger ones.

Diseases of the Eye.

By L. Webster Fox., A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, etc. Five colored plates. 296 illustrations. D. Appleton & Co., New York and London, 1904.

This is an outgrowth of lectures delivered by the author to his classes, and it provides a digested summary of the known facts about eye diseases for the use of students and practitioners of medicine. It is presented in a simple way and in comprehensible language, and represents the resuts of the most recent investigations and experiments and the most approved treatment of the older school of medicine. An examination of the volume makes us appreciate the fact that it will prove especially helpful to the general practitioner for whom, rather than for the specialist, it is designed. The illustrations are helpful, and the typographical arrangement is perfect. We welcome the volume and commend it to our readers.

The Self-Cure of Consumption

Without Medicine, with a chapter on Prevention of Consumption and other diseases. By Charles H. Stanley Davis, M. D., Ph. D. E. B. Treat & Co., New York, 1904.

Consumption is the most widespread of all diseases, as shown by the statistics of the various boards of health. In the United States there are 1,250,000 cases of consumption, with more than 150,000 deaths from the disease every year. One of the noteworthy advances for which the twentieth century promises to be distinguished is the practical suppression of this disease.

There is not a shadow of doubt but that consumption can be practically stamped out as has been typhus fever, Asiatic cholera, yellow fever, leprosy and small-pox. The civilized world is being aroused to the necessity of increased and well-directed action against the continued spread of this insidious disease, as well as toward its cure. The idea that consumption is an incurable disease is still widely prevalent among the people.

The object of this book is to show how from its first beginning to its last stages before actual decay of the lungs takes place it can be cured in at least 95 per cent. of the cases, and this without the use of medicine. It contains the results of the most prominent sanatorium methods in this country and Europe. It is a book which any practitioner may read with profit.

Essentials in Pharmaceutics.

By L. H. Witte, Cleveland. 80 pp., 16mo. Cloth, 75 cents.

This little work by our noted Cleveland pharmacist is the outcome of an invitation by the class in the Cleveland Homœopathic College to deliver lectures on the origin and preparation of medicines, and there being no room in which to deliver the lectures, the book was issued. It is a complete treatise on homœopathic pharmacy. According to the circular accompanying it, it defines and elucidates terms and affixes in use, gives methods of making tinctures, fluid extracts, triturations and trituration tablets. Introduces tables with directions for determining from its specific gravity the strength by volume, and by weight, of alcohol. Sets forth the difference in meaning between drug power, drug strength, medicinal power and medicinal strength.

This is the only work extant which gives correct rules for marking attenuations. Excluding grammars, this is the only work extant which gives the correct grammatical construction of prescriptions written.

Therefore, we welcome it to our table, congratulate the profession on the mischance which brought it forth, and urge students of homœopathic medicine to procure it. A just scoring of dishonest pharmacists, stock companies, etc., will be found on pages 45 and 46.

The Treatment of Fractures.

With Notes Upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Fourth Edition. Thoroughly Revised, Enlarged and Reset. Octavo volume of 534 pages, with nearly 700 original illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Polished Buckram, $5.00, net; Sheep or Half Morocco, $6.00, net.

Four large editions of this work in less than four years testify to its value. The book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones. The student sees the actual conditions as they exist in fractured bones, and is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 688 of them, all from new and original drawings, and reproduced in the highest style of art. Several chapters of special importance are those on Gunshot Fractures of Bone; The Roentgen Rays and Its Relation to Fractures; The Employment of Plaster-of-Paris, and the Ambulatory Treatment of Fractures.

In this fourth edition many new illustrations have been added, thus increasing the accuracy of this part of the work. The text has been thoroughly revised, thereby bringing the book absolutely abreast the times. X-ray plates of the epiphyses at different ages have been arranged. These will be found of value not only as an anatomical study but in the appreciation of epiphyseal lesions. An important addition is that of a chapter upon a few Common Dislocations. This chapter, like the rest of the book, is amply illustrated, and the accepted methods of treatment described.

The Life and Works of James Compton Burnett, M. D.

Compiled by Dr. J. H. Clarke. Homœopathic Publishing Co., London, England.

This will come as a welcome volume to the admirers of one of the most distinguished practitioners of Homœopathy of England. Perhaps no British Homœopath was better known, more widely quoted or better appreciated this side of the Atlantic than Dr. Burnett. His books are found in the library of every homœopathic practitioner of the land, and the perusal of his life and work as presented to us under the able editorship of Dr. J. H. Clarke, will serve as an inspiration to better work in the homœopathic vineyard. Besides the life and work of Dr. Burnett it gives an account of the movement to raise a fitting memorial in his honor, which is to found a professorship for the extension and development of Homœopathy in Great Britain, which will carry his name and be devoted to the teaching of homœopathic practice. We trust this noble purpose will meet with success, and our thanks are due to Dr. Clarke for the inspiring volume.

A Text-Book of Legal Medicine and Toxicology.

Edited by Frederick Peterson, M. D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M. D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Per volume: Cloth, $5.00. net; Sheep or Half Morocco, $6.00, net.

This work presents to the medical and legal professions a comprehensive survey of forencis medicine and toxicology in moderate compass.

For convenience of reference the treatise has been divided into two sections, Part I. and Part II., the later being devoted to Toxicology and all other portions of legal medicine in which laboratory investigation is an essential feature. Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Greenleaf-Smart systems of identification are conscisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals;" for on the determination of the human or animal source of the remains frequently depends the legal conduct of a given case, and the guilt or innocence of the accused. A chapter not usually found in works on Legal Medicine, though of far more than passing significance to both the medical expert and the attorney, is that on the medicolegal relations of the X-rays. The responsibility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to everyone concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane. In fact, the entire work is overflowing with matters of the utmost importance, and expresses clearly, concisely and accurately the very latest opinions on all branches of forensic medicine and toxicology.

We reviewed volume I. of this work last June.

Morrow on Social Diseases.

The Relation of Social Diseases and Marriage. By Prince A. Morrow, A. M., M. D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College; Surgeon to the City Hospital, Consulting Dermatologist to St. Vincent's Hospital, etc., New York. In one octavo volume of 390 pages. Cloth, $3.00, net. Lea Brothers Co., Publishers, New York and Philadelphia, 1904.

The importance and practical value of this new and timely volume, written by a man of profound learning, long experience and sound common sense, upon a subject which so vitally concerns mankind individually and collectively, ensures its wide recognition.

Since unlawful relations between the sexes have come to be known generally as "The Social Evil," the author has adopted the term "Social Diseases" to indicate the infections most usually thus acquired. Their frequent infliction upon innocent victims through legitimate marital relations involves consequences which affect not only the health, but the peace, honor and happiness of the entire family, and the importance of venereal prophylaxis is beyond words.

Heretofore no comprehensive treatise upon the subject has existed in our language, and it is fortunate for the profession and laity alike that an author of Dr. Morrow's achievements and established ability is the first to enter the field.

The work sets forth clearly the dangers introduced by venereal diseases into marriage—dangers to the wife, dangers to the offspring, and dangers which come from their morbid irradiations in family and social life. The fulfillment of the protective duty which has for its object the preservation of the helpless and innocent from infection realizes the highest ideals of preventive medicine; and, while this duty devolves especially upon the physician, every member of the community is, and should be the protection of the wife and mother and the preserver of the health and welfare of future generations.

Not the least interesting chapter presents the author's views upon the "Medical Secrets" and the exercises of professional discretion in restraining improper marriages, and gives valuable hints for the physician's guidance in many of the involved questions which so frequently arise.

In dealing with these situations there is required not only a thorough knowledge of these diseases in all their recently revealed relations, but also a knowledge of human nature, and a professional sagacity which is not taught in the curricula of the medical schools.

It is to furnish just this knowledge that this book has been written, and its perusal, in fact, study, may well be recommended not only to every physician, but to every thoughtful adult.

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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MARCH 1, 1904.

Editorial.

A LAST WORD.

With this issue of the Medical Century we present to our readers the three chief essays submitted in the prize competition. It is the privilege of an editor, like a woman, to have the last word, and as we have not yet given our own opinion we purpose to say a few words about them here. A careful reading of all the essays submitted proves to us that the committee's choice was a wise one, and here we wish to again thank these self-sacrificing gentlemen for their forbearance and for their patience in wading through the twenty-one long papers that were presented. It is no mean task for men in busy practice to get down to work that requires much care and thought after the day's labor.

The three essays presented in this issue have all special points of excellence; they are written from different points of view; they will appeal to different classes and styles of thinkers; taken together, however, the three papers will cover the entire ground with seed that we trust will bring forth an abundant harvest.

The winning essay of Dr. McConkey is one that we will not be ashamed to place in the hands of our allopathic friends; it is one that our students may hand to their brother students in allopathic colleges without apology; it is one that will appeal to the graduates of our literary institutions and one that any thinking student, who really desires to investigate before deciding, will read through to the end. It may be objected to by some that it is rather deep for prospective students, but we may reply that in these days of higher medical education, when all the requirements are advancing, it should not be so considered and that the class that it will convince is the most desirable class from which to recruit our ranks. Another objection may be that it is rather too full of quotations. We cannot regard this as a serious objection, when, as in the case of this essay, it adds strength to the argument, and when, as in this case, most of the quotations are from the founder of Homœopathy, for, as the doctor states, "no one since has stated the case so clearly or convincingly." It goes back to the fountain head of homœopathic philosophy and almost proves conclusively that the Homœopathy of Hahnemann's time is the practical allopathy of today, while the Homœopathy of today is, as it was a century ago, a hundred years in the lead of old school medicine. It is a dignified, scholarly and convincing essay.

The second on the list, and crowding closely for first place, is the essay of Dr. Baldwin. This will carry conviction to the thinking mind. It will perhaps suit a different class of thinkers than will the first essay; by some it may be considered too radical, by others not radical enough; by some it will be considered too deep for casual reading, though well written and well thought out. Our own opinion is that it will fill a most important place in the series; while it is perhaps a trifle too antagonistic to the old school it presents the reasons for choosing Homœopathy in a clear and logical way. It is a good essay to hand to a physician of either school of ten or fifteen years' experience; it will please the Homœopath and make the allopath wish he had investigated Homœopathy and the prospective students of each will be advised accordingly. Furthermore it will serve as a strengthener to those students who know something of Homœopathy, or who think they do, and who are still undecided as to which school to choose. We believe for this special feature it is the best essay of the three.

The third essay is different in nearly all ways from the other two; it received more notice from the committee than any other essay, but was not considered worthy of first place by any of them. They thought it logical, that it made a good case, but that it was perhaps rather harsh and crude and not in as good a style as the other two; "too rhetorical," one of the committee thought; "splendid for lay reading" was the opinion of another; "would be very influential" that of another.

Our own opinion coincides with all these views; it is perhaps what might be termed "crude" by the educated minds of our school, but this very criticism would almost seem to be in its favor. We are appealing to crude minds largely, minds that have not been taught how to think and reason on medical topics. Every year in the institution with which we are connected students arrive to study medicine; many when asked which school they desire to matriculate in do not know even that there are two schools of medicine, yet these same students are well educated in the book learning necessary to enter a university. We cannot reach these minds by learned dissertations on medical philosophy; we must use crude methods. The medical student be-

fore he begins the study of medicine is a layman, and the same methods would appeal to him that would appeal to his father or mother, and if this essay is "splendid for lay reading" it should fill any want in this direction.

We wish to reach the college graduates, of whom there are 30,000 turned out annually; we wish to influence the bright young men from the plow-tail who burn the midnight oil to secure a common and high school education and who will make excellent and practical physicians; we wish to influence a large middle class between these extremes. It seems to us that the three essays together, and so we intend to issue them in pamphlet form, will fill the requirements. We believe them to be harmonious, and that nothing is said in any one of them that will antagonize or offset what is said in another. This is our verdict, our last say, and we present them to our readers.

COME TOGETHER.

The president of the International Hahnemannian Association, in his presidential address just published, seems somewhat in doubt as to the wisdom of joining forces with the American Institute of Homœopathy. On the whole, however, the arguments he advances for union seem to outweigh those he presents against it. He takes the stand that the Medical Century has always taken, which is that there is need of the pure and faithful Homœopathy in the Institute that the Association would bring. It would put a check upon the disloyalty "to the Homœopathy taught by Hahnemann." Surely with this acknowledgment it seems that to remain without and aloof is an evidence of a lukeworm devotion to the cause.

We, in the Institute, as we have before stated in these columns, need the assistance and inspiration of those whose knowledge of Homœopathy is above our own. We need men of these firm homœopathic convictions to help us oppose those who are willing to drop the name of Homœopathy; they are few in number, but an uneasy element. We need the assistance of these valiant knights to teach us Homœopathy, to improve our teachings in the colleges, to help us and to applaud our efforts to defend the scientific basis upon which Homœopathy rests. We can secure better legislation by uniting. Everything seems to favor it. The Institute will be a gainer, and the Association will be a gainer, and neither will lose. The Association meets in Rochester in June, the Institute in Niagara Falls in June. They are never far apart. Come together.

EDITORIAL BREVITIES.

What We Need.

The Clinical Reporter, of St. Louis, in an editorial, has this to say of our needs. As it will fit many other localities we present it to our readers:

"What we need and must have is united effort in the direction that will do the most good and in the way success; we need also more men in the profession, we need them here in the city, we need them in the State; in so many of whose towns there is no Homœopath and no Homœopathy; we need more of these physicians in the West as a whole, and we need, O, we do need, a capable leader, a man whose capabilities need not be told, but will be seen by all, a man among men, a leader who has tact and discretion, and above all things the good of the school at heart."

Editor's Table.

GENERAL NOTES.

Dr. R. H. Baker, of Pearl City, Ill., has retired from practice.

Dr. S. Staads, of Sioux City, Iowa, is to spend most of the present year visiting the chief surgical clinics of Europe.

A competitive examination will be held on the third Saturday in March for the position of house physician in the Rochester Homœopathic Hospital.

Dr. Clifford Mitchell, of Chicago, now issues a monthly bulletin consisting of short notes on interesting cases seen by him during the previous month.

The meeting of the Missouri Institute of Homœopathy takes place next month in St. Louis. It will be held on April 27th, 28th and 29th instead of the time mentioned in our last issue.

Dr. H. M. Flower has returned to Toledo after having spent several months in post-graduate work in New York. He will practice the specialty of throat, nose and ear.

We have received recently two interesting reprints—Reminiscences of a Prover, by Dr. A. M. Cushing, of Worcester, Mass., and Renal Decapsulation for Chronic Bright's Disease, by S. S. Smythe, of Denver.

The eighth annual commencement exercises of the Training School for Nurses associated with the University of Michigan Homœopathic Hospital were held on February 12. Ten young women received the diploma.

The Denver Homœopathic Club is showing a very active life. The January meeting was full of interest. Dr. H. K. Dunklee was elected president and Dr. Caroline D. Beebe secretary for the coming year.

Dr. M. E. Graham, of Rochester, N. Y., surgeon to Hahnemann Hospital, has consented to be present in the annual class day exercises of the homœopathic department of the University of Michigan and to take part therein.

Drs. H. R. Arndt, G. E. Manning, T. G. McConkey and D. G. Bennett have been appointed by the Board of Health of San Francisco on the clinical staff of the City and County Hospital in the medical ward; Drs. J. W. Ward, E. R. Bryant, J. S. Brooks and C. D. Potter in the surgical ward, and Drs. Philip Rice and R. J. Tomlinson for the eye and ear work.

The March meeting of the Cincinnati Homœopathic Lyceum will be held on the 9th. Papers will be presented by Drs. Overpeck, Hier, Wiggers, Georgi and Reilly. This is the last meeting of the year, and officers for next year will be elected.

Dr. W. A. Gray, of Pueblo, Col., got even with a plumber to whose family he was called by leaving his case behind and charging for the time it took to go and get it on the plea that he did not know what tools he would need until he had seen the patient.

Dr. James Searson, who recently visited the United States in the interests of British Homœopathy, has located at 86 Wimpole street, West London. This is Dr. J. Compton Burnett's former location. Dr. Searson will practice solely in London.

Drs. J. T. Kent, G. P. Waring and Harvey Farington, former professors in Hering Medical College, have joined forces with the Hahnemann Medical College, of Chicago. This will add strength to the already strong department of Materia Medica in this institution.

The University Homœopathic Observer is the title of a quarterly bulletin issued by the homœopathic department of the University of Michigan. Its purpose is to give the profession a quarterly report of the varied medical and surgical industries carried on in that institution.

At a recent meeting of the staff of the Rochester Homœopathic Hospital the following appointments were made: Surgeons to the Hospital, Drs. W. A. Keegan and L. L. Button; Assistant Surgeons, Drs. W. W. Winans and F. T. Bascom; Visiting Physicians, Drs. Carman and Bachman; Assistant Obstetrician, Dr. Wm. Perrin; Pathologist, Dr. W. C. Daly.

Governor Cummins, of Iowa, has appointed Dr. A. P. Hanchett, of Council Bluffs, a member of the State Board of Health to succeed Dr. Adams, of Sac county. The State Board of Health is composed of four allopathic, two homœopathic and one eclectic physicians. The appointment of Dr. Hanchett is one that will give general satisfaction. He succeeds a good man, for Dr. Adams, also a Homœopath, made a good record.

We have received the Transactions of the American Institute of Homœopathy. They came to us in February. It seems to us that we saw in the Medical Era over a year ago a postal card vote on the question as to when the members wanted the Transactions. The vote showed that nobody wanted them in February. In the same article the volume for 1903 was promised for August. How is this, Brother Gatchell, of the Clinique-Era?

It is purposed to commemorate by a banquet the celebration of the seventieth birthday of Dr. Conrad Wesselhoeft, of Boston, which will occur on March 23. The work of Dr. Wesselhoeft for Homœopathy has been of great value. He has been prominently associated with the American Institute, serving as its president in 1879. His literary work for the school has been a copious and practical one, and he is deserving of all the honor that a well spent life of seventy years and the appreciation thereof can bring.

On Friday evening, January 8, occurred the midwinter meeting of the Western New York Homœopathic Medical Society. The following papers were read and discussed: "A Modern Doctor," by Dr. C. E. Sawyer, Marion, Ohio. This was one of the best papers that the society has had the pleasure of listening to. Would that we all might follow out Dr. Sawyer's suggestions. "The Desirability of Establishing a Psychological Pavilion in Connection With the Rochester Homœopathic Hospital," vy Dr. E. H. Walcott; "Placenta Prævia," by Dr. N. H. Doane, Pittsford, N. Y.; "Intercranial Complications Following Mastoiditis," Dr. Elmer J. Bissell, Rochester, N. Y.; "Chronic Constipation," Dr. T. D. Spence.

Dr. W. E. Reily, that live and energetic homœopathic physician, of Fulton, Mo., has just done a signal service for Homœopathy in Missouri, and incidentally elsewhere, by issuing a directory of the homœopathic physicians of Missouri and a list of towns of over 1,000 inhabitants in the State without a homœopathic physician, together with other information of interest to the profession. The list gives 328 Homœopaths in the State, as against 263 given by Polk. The number of towns of over 1,000 needing a homœopathic physician is 101. Twenty-six of these towns have over 2,000 population. Missouri is a fine State. There are glorious opportunities. This year will be a good one to visit the State and investigate, but send a dollar to Dr. Reily and get his directory. It tells all about the Missouri laws, too.

The fifty-seventh annual meeting of the New York State Homœopathic Society was held in Albany on February 9 and 10. A fine program was presented and carried through under the presidency of Dr. J. W. Le Seur, of Batavia. Many fine papers were read. The annual election of officers resulted as follows: President, Dr. Bukk G. Carleton, New York; First Vice President, Dr. Martin Besemer, Ithaca; Second Vice President, Dr. Ermine C. Eddy, Elmira; Third Vice President, Dr. T. Drysdale Buchanan, New York; Secretary, Dr. D. G. Wilcox, Buffalo; Treasurer, Dr. Charles T. Haines, Utica; Necrologist, Dr. H. Worthington Paige, New York; Counsel, F. E. Wadhams, Albany.

Dr. George Gorham, of Albany, was elected a member of the committee to revise the by-laws.

A resolution was passed looking to legislation for the purpose of improving the sanitary conditions of health resorts and drinking water throughout the State. A banquet was held on Tuesday evening, with Dr. B. G. Carleton as toastmaster.

The Clinique comes to us in a new dress with the January issue. It is now combined with the Medical Era, and Dr. Charles Gatchell is editor. The Medical Era has had a rather conjoined existence during its life; in 1890 it joined with the Medical Counselor; in 1893 with the Medical Century, to reappear again as the Era, and now, in 1904, it becomes the Clinique. It has a new cover, a new typography thereon, but though the voice is Jacob's voice, the hands seem still to be the hands of Esau, for it is published by the Era Publishing Company in the old, familiar form of the Era, which we have always considered more pleasing than that of the

Clinique. We expect that the Clinique will have a strong support in Chicago; it is certainly deserving of it, and ably edited by so experienced an editor as Brother Gatchell, it is bound to have a wider influence than either the Clinique and Era, under their separate existance, could have. The traditional policy of the Clinique as the organ of the Hahnemann Medical College, of Chicago, and of the homœopathic profession in general, will not be departed from.

CHICAGO NOTES.

BY C. A. HARKNESS, CHICAGO, ILL.

Dr. Wilson A. Smith, who for several years has ably edited the Medical Visitor, has disposed of his interest in the journal to Halsey Bros. Co., and will not be connected with the paper in any manner in the future. It is probable that Dr. Smith will soon become the editor of another journal, as it is understood that there are several good magazines anxious to secure his services.

Dr. Edgar J. George spent a week recently in Kentucky looking after his interests in the oil fields. He is an extensive stockholder in a company which has some excellent wells there.

The marriage of Miss Converse, sister of Dr. W. C. Converse, to Dr. Charles Gatchell, occurred Tuesday, February 16th, at the bride's home on Michigan Ave. The friends of the doctor will all be glad to learn of his marriage to such an estimable young lady, and all will wish them the greatest of happiness.

A new publication will be issued in April by the Chicago Homœopathic Medical College. It will be known as the Chicago Homœopathic Bulletin, and will be published quarterly. The editor-in-chief will be Prof. C. A. Wenrick, and the associate editors are Dr. T. E. Costain, Dr. Gilbert Fitz-Patrick and Dr. C. A. Harkness. Dr. Edgar J. George, the busines manager of the school, will be the manager of the Bulletin. It will be devoted to the interests of the college, hospital, students and alumni in articles by the leading men of the school, clinical notes taken from the clinic itself, information in regard to the college and hospital, and news from the students, faculty and alumni will make this an interesting and excellent journal. It is understood that all of the other publications of the college will be merged into this one magazine.

Dr. D. A. Foote, of Omaha, Neb., who is president of the alumni association of the Chicago Homœopathic Medical College, offers to the Senior student in that school having the highest general average at the end of the year a very handsome office cabinet. It is needless to say that all of the Seniors are desirous of securing it.

Dr. F. K. Sidley, who has been taking a post-graduate course in the Chicago Homœopathic Medical College, has located at Peoria, Ill. He was formerly in practice in Porto Rico, but could not return there as his wife's health would not permit them living in that country.

Dr. G. R. Pratt expects to go soon to Arizona for a month's vacation.

Rev. E. Armstrong Ince, pastor of the Fourth Baptist church, gave a very interesting address at the Chicago Homœopathic Medical College the evening of February 9th. His subject was "After Phenomena—What?" Dr. Ince is a homœopathic physician as well as a minister, and is much interested in medicine.

Dr. T. I. Motter was called to New York recently in consultation. While there he investigated the use of liquid air in the treatment of malignant growths. Upon his return he gave an interesting talk upon this treatment to the Seniors in the Chicago Homœopathic Medical College.

Dr. J. T. Welch has been quite ill for some time, but is now recovered.

Dr. G. D. Kliesralla, who formerly practiced in this city, but is now located at Lake Preston, South Dakota, is in the city taking a post-graduate course.

Dr. W. E. Boynton is now lecturing to the Juniors of the Chicago Homœopathic Medical College on the diseases of the eye and ear in place of Dr. Edgar J. George, who was compelled by his large practice to give up part of his college work. Dr. George still conducts the clinic before the Seniors, and has his clinic on Wednesday.

Dr. T. Bacmeister, Jr., was called to Toulon, Ill., a short time ago by the serious illness of his father. It is a pleasure to say that Dr. Bacmeister has entirely recovered.

Dr. Wilson A. Smith is very seriously ill at his home in Morgan Park, Ill.

Dr. Gilbert Fitz-Patrick has accepted the associate editorship of the Homœopathic Journal of Obstetrics. He was offered but refused the editorship.

Dr. J. H. Fargher, who has been an interne in the Chicago Homœopathic Hospital, has resigned his position there so as to accept a similar position in the West End Hospital of London, England. He will leave this country about the first of March.

Dr. J. J. Thompson, who was dangerously ill for several weeks, has entirely recovered, and is again able to take care of his large practice.

Eta Chapter, Phi Alpha Gamma, entertained their friends on Valentine's eve at their home at 272 Ashland Boulevard. Cards and guessing contests furnished the entertainment. During the evening members of the fraternity gave several musical numbers. Light refreshments were served.

The death of Dr. C. S. Owen, who was severely burned in the Iroquois fire, made a good opening for a good homœopath at Wheaton, Ill. Dr. W. C. B. Jaynes, of West Chicago, has gone there to take Dr. Owen's practice.

The Chicago Homœopathic Quartette furnished the music for the Twentieth Century Club of Evanston at their banquet on February 15th. This quartette is gaining an enviable reputation for itself as well as bringing the school it represents into greater prominence. The members of the quartette are Drs. W. O. Blanchar, B. J. Stevens, E. Kelly, and E. A. Moulton.

The annual "Junior Hop" given by the Juniors of the Chicago Homœopathic Medical College to the Seniors was held as usual at the Union Park Club House, 165 Warren avenue, Tuesday, February 16th. It was well attended by the faculty and students, and an enjoyable evening was spent by all present.

The February meeting of the Chicago Homœopathic Association was held at the Northwestern building, Thursday, February 18th. The subject for discussion was Genito-Urinary Diseases. The program was as follows:

I. Remedial Agents in the Bright's Disease, Dr. E. N. Nash; disputant, Dr. Clifford Mitchell.

II. Diabetes, Dr. J. B. S. King; disputant, Dr. E. M. Bruce.

III. The Treatment of Gonorrhœa, Dr. Frank Wieland; disputant, Dr. C. B. Collins.

The subject for the meeting, March 17th, will be Gynæcology. These meetings are all well attended, and are proving of unusual interest this year.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Born to Dr. and Mrs. Charles L. Bliss, a son, January 20, 1904.

The epidemic of grip which has been prevailing for the past month has not failed to attack the physicians; Dr. Wilson, Dr. Kingsman, Dr. S. S. Stearns and Dr. Buchanan have all been attacked by it, but are rapidly recovering.

The regular meeting of the Washington Homœopathic Medical Society was held at the Shoreham February 1, 1904. The evening was largely occupied in the installation of new officers; the retiring president and the incoming one both made very interesting addresses. Dr. G. W. N. Custis spoke in a very feeling manner of his appreciation of the interest the members had taken during his two years of service as president. He also spoke in an appreciative way of the loving cup presented by the society last year at the fiftieth anniversary of his marriage. He reviewed the trend of medical affairs of the present day, and believes that the other schools are coming toward Homœopathy, and that it is not either necessary or advisable for us to take any steps in their direction. He believes that all the modern discoveries in science point toward the truth of Homœopathy.

Dr. F. A. Swartwout, in his inaugural remarks, spoke for a continuation of the interest shown during Dr. Custis's administration, and believes that there is even a wider field of usefulness for our society in the nation's capital than it has heretofore occupied.

Dr. H. F. Bishop read a paper upon the Acute Inflammations of the Pharynx and Adjacent Air Passages, which was listened to with interest, and provoked discussion.

The Washington Clinical Club held a meeting at the office of Dr. Taylor February 8. All the members were present, and each one presented one or more cases of interest, due either to his success or failure to cure; the failures being even more instructive than the successes, as suggestions were made which might prove of benefit in the future.

At a meeting of the Committee for the Prevention of Consumption held in the office of the Associated Charities last month Mr. Henry Phipp, of Philadelphia, sent his check for $1,000, to be devoted to the work of said committee, this money to be used in the endeavor to educate the public as to the ways of preventing the spread of consumption. Dr. Hickling, in charge of the Washington Asylum Hospital, also stated that Miss Tuckerman had donated $100 for the purpose of establishing a tent in the grounds of the hospital, to be used as a beginning in the open air treatment of consumption.

On a motion of Dr. Richard Kingsman it was decided to take steps to ask the District Commissioners to enforce a resolution requiring all practicing physicians in the District of Columbia to report cases of consumption to the health officer as soon as it was possible to diagnose them. Mr. William J. Kehoe, of Washington, also promised $30 per month to defray the expenses of giving popular lectures upon the prevention of consumption.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Office of the President, John Preston Sutherland, M. D., 295 Commonwealth avenue,

Boston, Feb. 15, 1904.

It is time to call the attention of the profession to the annual session of the American Institute of Homœopathy which is to be held at Niagara Falls, N. Y., June 20th to 25th next.

Already the year 1904 is well advanced. Those having time for retrospection may recall the fact that an exceptionally attractive meeting of the American Institute of Homœopathy was held in Boston in June, 1903, but when the mind turns to last year's meeting the time itself seems far distant. As a matter of fact over seven months have passed since June 20, 1903, and there remain less than five full months in which to complete preparations for next June's meeting. The date for that meeting was fixed at an unusually large meeting of the Executive Committee held at Niagara Falls recently.

Accommodations for a very full attendance are available. The Local Committee of Arrangements has been organized for months and has its work well in hand. Reports indicative of earnest activity have been received from the chairmen of the various bureaus of the Institute, and from the presidents of the sectional societies.

It might seem perhaps on superficial consideration of these pleasant facts that everything necessary had been attended to and there was nothing left to be done, except attend the meeting and participate in an assured success! If so, the object of this circular letter could not be, as it is, two-fold:

First, This word comes to make the encouraging announcement that a commendable quantity and quality of work has been done by many of those whose immediate responsibilities for the programme of the next meeting are of such a character that the subject is a very vital and ever present one to them, and

Second, To earnestly call attention to the necessity for widespread, spontaneous and enthusiastic co-operation in order to ensure for the June meeting of the Institute such success as becomes the dignity and the national importance of the organization. For without such co-operation on the part of the Institute membership any large and worthy success is impossible.

What duties are incumbent, then, upon the indi-

vidual Institute member, as certainly and as weightily, if not as apparently, as their more obvious duties are incumbent upon the Institute's officers? It is impossible to enumerate them in detail, but of them at least a few may be suggested, and are highly worth consideration.

1. Any member who has anything to offer, in the way of original theory, or clinical observation, should embody this in brief and cogent statement, and present it as a "volunteer paper" to the chairman of its appropriate bureau. To do this to rank with those who make the occasion, rather than with those who merely appreciate and enjoy it.

2. Every member must make a matter of course of attending the meeting. No one can be spared; for every vacancy in the ranks, there is a proportionate diminution of nerve and enthusiasm in the atmosphere of the meeting.

3. Increase in membership is one of the aids to the Institute's usefulness, which it is in every member's power to help promote. For each member to enlist, annually, one new member from among his neighborhood colleagues not yet enlisted, is an easily possible, obvious and profoundly effectual service to the common cause.

4. Every member should attend as many as possible of the scientific sessions, and alike by concentrated, interested attention, and by pertinent question and suggestion during discussion, promote the hour's usefulness and success.

5. Every member should bring to the session a personal atmosphere of cordial and fraternal kindliness; honestly and heartily pledging himself to subordinate personal interests, friendships, prejudices and ambitions to the larger common good. Silent earnest kindness, sincerity and unselfishness are no small gifts to bring, even if they be a member's sole possible gift.

Let every member pledge himself to these endeavors; and what further need the occasion ask to stand approved as an epoch-making success.

John P. Sutherland, President.

Ch. Gatchell, Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

The fifty-second annual meeting of the Homœopathic Medical Society of the State of New York was held in Albany, February 9th and 10th, in the Common Council chambers, Albany, N. Y.

The meeting was called to order by Dr. John W. Le Seur, President.

The Committee on Attendance, consisting of Drs. F. D. Lewis, H. D. Schenck and S. T. Birdsall, reported an attendance of seventy-two.

The minutes of the last meeting were presented by the Secretary, DeWitt G. Wilcox.

The Treasurer's report, submitted by Dr. C. T. Haines, showed a healthy financial condition of the Society, with a good balance in the treasury.

The Committee on Medical Legislation, consisting of Dr. Wm. H. Hodge, Chairman, and Dr. Jos. T. Cook, Secretary, presented its report, which was as follows: "Among the bills which received our attention was the so-called Garnishment Bill, which was backed by the Merchants' Legislative Advocate, of Utica; the Armstrong Bill for the registration of nurses; the Cook Assembly Bill to amend the labor law in regard to the employment of children in the canning factories during school vacations, and the Stevens Bill for the unification of the educational system of the State. This bill had already received the approval of the Society by a resolution offered and passed at the last annual meeting. In the hearing at Albany on this bill the representatives of the New York State Medical Society requested our worthy President, John W. Le Seur, to represent and appear for the entire medical profession; it is needless to say that the arguments were well represented by him."

The Banquet Committee reported that everything was in readiness for the banquet at the Ten Eyck Hotel, where the following speakers were to address us: President John W. Le Seur, Batavia; Rev. W. A. Battersham, Albany; Hon. Mr. Brown; Dr. Wm. L. Love, Brooklyn; Dr. G. T. Moseley, Buffalo; Dr. F. K. Hollister, New York City; Dr. R. B. Howland, Elmira; Dr. M. O. Terry, Utica; toastmaster, Dr. Bukk G. Carleton, New York City.

The Committee on State Medical Examiners made the following report:

"Results of examinations of candidates from New York school for year 1902-1903:

Colleges.	No. Candidates.	Honors.	Per cent. Passed.
Albany,	35	1	91.4
Bellevue,	1	0	100
Physicians and Surgeons,	128	7	94.5
Cornell,	51	5	98.03
Long Island,	45	4	93.3
New York Eclectic,	16	3	93.7
New York Homœopathic,	25	4	95.6
New York Homœopathic for Women,	8	0	100
New York University,	1	0	100
Syracuse,	26	0	100
University and Bellevue Hospital Med. Col.,	55	3	87.2
Buffalo,	45	4	91.1

"The number of homœopathic candidates who have passed the State examinations for medical license during the past six years is as follows:

1897-'98,	26
1898-'99,	52
1899-'00,	53
1900-'01,	52
1901-'02,	46
1902-'03,	41
	270

"The Board of Censors recommended the following twelve, all of whom were elected permanent members:

G. W. Bartlett, Bensonhurst, N. Y.
D. E. S. Coleman, New York City.
J. B. Congdon, Albany, N. Y.
Joseph H. Fobes, New York City.
Clarence C. Howard, New York City.
B. E. Kinne, Albany, N. Y.
Charles L. Mosher, Chatham, N. Y.
H. Lester Raymond, Fort Ann, N. Y.
J. A. Reed, Newark, N. Y.

W. D. Spoor, Schenectady, N. Y.
Herbert L. Towne, Schenectady, N. Y.
P. C. Thomas, New York City.

"The committee concerning the defense of alleged mal-practice suits presented the following report under the direction of the Society's attorney, F. E. Wadhams:

"The committee appointed at our last meeting met on the morning of February 10th for the purpose of suggesting the action to be taken by the Society with reference to adopting some plan for protecting the members of the Society from alleged mal-practice suits. After due deliberation the following conclusions were reached:

"First.—We find it desirable to form a protective association to be composed of the members of this Society.

"Second.—That a committee be appointed for the purpose of ascertaining how many in the Society would be willing to join such association; that the membership fee therein shall not exceed three dollars per annum, which fund shall be used to defray all the expenses of alleged mal-practice suits against members of the association.

"Third.—The membership in this protective association shall be confined to the members of this Society.

"Resolved, That the President appoint a committee of three with full power to act, to be known as the Committee of Defense Litigation, whose duty it shall be to take in charge the furnishing to the members of this Society, under a plan to be adopted by said committee, protection from the expense incurred in the defense of alleged mal-practice suits brought against the members of this Society."

Dr. B. W. Sherwood, of Syracuse, offered the following resolutions, which were adopted:

Whereas, The unsanitary condition of many summer and health resorts is a great menace to the health of our people; and,

Whereas, The contamination of the drinking water with the sewage at such resorts is a very frequent cause of typhoid fever and other diarrhœal diseases.

Resolved, That the State should provide for a thorough inspection, under the direction of the State Health Commissioners, of all public summer and health resorts within its borders, and compel conformity to any regulations in those matters that will safeguard the public health.

Resolved, That we urge the Legislature to enact such laws and make such appropriations as may be necessary to carry out these needed reforms.

The following officers were elected for the ensuing year:

President, Bukk G. Carleton, New York City.
First Vice-President, Martin Besemer, Ithaca, N. Y.
Second Vice-President, Ermina C. Eddy, Elmira, N. Y.
Third Vice-President, T. Drysdale Buchanan, New York City.
Secretary, DeWitt G. Wilcox, Buffalo, N. Y.
Treasurer, C. T. Haines, Utica, N. Y.
Necrologist, H. W. Paige, New York City.
Counsel, F. E. Wadhams, Esq., Albany, N. Y.
Censors, G. F. Laidlaw, Irving Townsend, A. P. Powelson, A. B. Van Loon, J. H. Hallock, E. C. Cox, W. H. Nickelson, R. B. Howland, A. R. Grant, S. W. Hurd, B. J. Maycock, C. A. Potter.

The necrologist, Dr. H. W. Paige, reported the death of Dr. Horace M. Paine, with a very fitting biography.

The enclosed program was presented. The bureaus of Clinical Medicine and Surgery were of unusual interest and benefit.

Dr. Alfred Wanstall, of Baltimore, Md., and N. Emmons Paine, of West Newton, Mass., were elected honorary members.

The following four candidates for State Medical Examiners were elected, from which two will be appointed by the Regents for Examiners: L. A. Martin, Binghamton; J. B. Garrison, New York City; G. T. Moseley, Buffalo; W. W. Blackman, New York City.

D. G. Wilcox, G. E. Gorham and Wm. Harvey King were appointed a committee for the revision of the By-Laws, same to be reported at the next meeting.

DeWitt G. Wilcox, Secretary.

OBITUARY.

Dr. George E. Blackman.

Dr. George E. Blackman, of Vernon, Texas, died on December 17. He was a full practitioner and gave up his life for Homœopathy, and a man always true to the principles he represented. Nothing interested him more than Homœopathy, and one of his last efforts was the writing of an essay submitted in the Medical Century contest.

Dr. Henry M. Dearborn.

Dr. Henry M. Dearborn, a well known homœopathic physician of New York City, died on February 16th. Dr. Dearborn was the author of Dearborn's Diseases of the Skin, which was published last year. For many years he had been connected with the societies and hospitals of the city, and was a professor in the New York Homœopathic College and Hospital, holding at the time of his death the chair of Dermatology. Death has been particularly industrious in this institution, and in taking Dr. Dearborn has removed one of the most useful and beloved members, not only of the college faculty, but of the entire profession. His life was gentle, his manner earnest and thoughtful, with all the elements of a good physician.

Effect of the X-Ray Upon the Eyesight.

Dr. Willis P. Spring, of Minneapolis, asked for experience regarding the effect of using the fluoroscope on the eyesight of the operator.

Dr. W. J. Herdman, of Ann Arbor, remarked that Mr. Rollins, of Boston, declared that there was a uniform deterioration of the eyesight from the use of the X-ray.

Dr. C. R. Dickson, of Toronto, remarked that one of the absent members of the association had had his eyesight almost ruined in this way.

Dr. Loring, of Boston, said that a very simple means of protecting the eyes was to attach a thick piece of glass behind the fluoroscope screen. He could recommend this from personal experience.

Medical Century

A Journal of Homeopathic Medicine and Surgery.

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Surgery.

RENAL DECAPSULATION FOR CHRONIC BRIGHT'S DISEASE.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Renal decapsulation, renal decortication, renal denudation, nephrocapsectomy and nephrocapsacectomy, reduced to anglo-saxon, will read complete excision of the renal capsule proper. This operation in itself is not new, having been employed for years occasionally by such men as Rose, Wolff, Newman, Ferguson, and more recently by Geo. E. Edebohls, of New York city, who, by the way, has been a member of one of Prof. Pratt's classes. To the latter eminent surgeon, however, belongs the priority of claim in treating chronic Bright's disease by this method as a basic operation, the procedure hitherto having been a secondary consideration, performed simply with the idea of assisting in overcoming the mobility of the kidney, in operations for fixation.

The results recorded by these surgeons, as well as by those personally observed by Dr. Edebohls, of the beneficial and sometimes marvelous effects in well developed cases of chronic Bright's led him to the deduction of two distinct premises upon which to base the adoption of his routine practice of performing decapsulation in all cases of chronic Bright's, viz.: First, "that chronic Bright's disease is curable by operation," and, second, "that the present state of our knowledge does not warrant us in accurately defining the limits beyond which operation can no longer avail; he having obtained some astonishing results in cases upon which he had only operated at the urgent solicitation of those concerned and against his own conservative judgment.

The classifications from the pathological conditions of chronic Bright's disease vary with different authors. And the fact that the two established varieties, parenchymatous nephritis, or inflammation of the secreting structures, tubules and glomeruli, and interstitial nephritis or inflammation of the renal connective tissue, rarely, if ever, exist independently, explains this confusion of terms. The preponderance of the inflammatory process in one tissue over its degree of existence in the other would seem the more rational basis for nomenclature. Namely, to designate as interstitial nephritis simply those cases in which the connective tissue reveals the greater amount of the inflammatory process; as parenchymatous nephritis, those cases in which the secretory apparatus proper, gives evidence of the greatest invasion; and as diffuse, those cases which exhibit a fairly equal distribution of the inflammatory changes. The diagnosis, according to variety, may be readily confirmed by this method of treatment as far as is possible without the aid of microscopical examination, which may be had should a piece of kidney tissue become unavoidably removed; but this method must never be employed designedly, as it is too valuable a structure and never replaced. Dr. Edebohls, in citing a series of fifty-one cases operated upon by himself by the method of decapsulation, classes twenty-nine as chronic interstitial nephritis, fourteen as chronic diffuse nephritis and eight as chronic parenchymatous nephritis. One fact, quite notable in his list of cases, is that in all those classed as chronic diffuse and chronic parenchymatous nephritis both kidneys were found more or less affected, while of those of the interstitial variety nine were found in which the diseased process was limited to one kidney only, the other twenty being bilateral. The contention which some writers make that chronic Bright's is always bilateral may be explained by the fact that patients never seek treatment until their general health has begun to suffer to a greater or less degree, when usually they are in the latter stages of the disease, both kidneys having become involved. Where unilateral the patient may be enjoying his average good health and the disease only be discovered by the surgeon's knife while operating for some other malady; by the sudden development of some consequent lesion, or by the urinalysis of a life insurance examiner. That the disease invariably becomes bilateral in one-third of the total kidney lesions has been abundantly proved.

The method of performing decapsulation is explained by Dr. Edebohls as follows: "The patient is placed prone upon the table, with the author's kidney air cushion underlying and supporting the abdomen. Both kidneys are thus rendered accessible to operation without the necessity of changing the patient's position. An incision is carried from the twelfth rib to the crest of the ilium along the outer margin of the erector spinæ without opening the sheath of that muscle. The fibers of the latissimus dorsi muscle are bluntly separated in the direction of their course without cutting. The iliohypogastric nerve is sought for and drawn to one side or the other out of the way of harm. Division of the transversalis facia exposes the perirenal fat. This is divided over the convexity of the kidney until the capsule proper is reached. The fatty capsule is now bluntly separated everywhere

from the capsule proper, the dissection advancing on either aspect and around both poles of the kidney until the pelvis of the kidney is reached. Now and then the fatty capsule may be found so thickened and adherent, as the result of chronic perinephritis, that the scissors or knife may be required to separate it from the capsule proper. The kidney is next lifted from its fatty capsule bed, and if possible delivered through the wound. The capsule proper is divided on a director along the entire length of the convex external border of the kidney and clear around the extremity of either pole. Each half of the capsule proper is in turn stripped from the kidney and reflected toward the pelvis until the entire surface of the kidney lies raw and denuded before the operator. In separating the capsule proper from the kidney care must be exercised not to break or tear away parts of the kidney, which is often both very friable and very firmly connected with its capsule proper. The stripped off capsule proper is next cut away entirely, close to its junction with the pelvis of the kidney, and removed. Delivery of the kidney makes this otherwise difficult work easy. If the kidney cannot be delivered the capsule proper may be entirely peeled off the kidney by the fingers in the bottom of the wound and excised as far as possible, any remaining portion being simply reflected backward around the pelvis of the kidney, where it will curl up and stay. The kidney is dropped back into its fatty bed and the external incision is closed. Drainage, except when the parts are extremely œdematous, is dispensed with. After both kidneys have been thus operated upon the wound is closed, the dressings are applied and the patient is put to bed.

There are three conditions, the presence or absence of which makes renal decapsulation a more or less difficult or a comparatively easy operative procedure. The first of these conditions, great length and obliquity of the twelfth rib, with narrowness of the space between last rib and ilium, can be materally overcome by proper posturing of the patient and by a slight modification of the obliquity of the incision. The second factor upon which the ease or difficulty of the operation depends is mobility of the kidney to be operated upon, or its firm attachment in its normal site well up beneath the ribs. In the latter event only a small surface of the lower pole of the kidney can be exposed, and even this meager approach to the kidney is sometimes accomplished only under the greatest difficulties. The procedure under these circumstances is to incise the capsule proper at any portion of the surface of the kidney that can be reached, to seize the edges of the capsule wound with forceps, and to complete the separation of the capsule proper from the kidney in the depths of the wound. For detaching the capsule proper from the kidney, especially if the separation must be done in the depths of the wound beyond and from the sense of sight, the smooth index finger of the rubber gloved hand is the very best instrument. The third condition influencing the facility of renal decapsulation is connected with the more or less firm attachment of the capsule proper to the kidney. In the parenchymatous and diffuse forms the capsule will generally be found easily separable from the kidney, while in cases of chronic interstitial nephritis the connections between capsule proper and kidney are frequently of a firm, densely fibrous character. As the kidney tissues are generally very brittle and friable as the result of long standing inflammation great caution and gentleness are necessary to avoid the danger of tearing away pieces of the kidney or of fracturing the organ during attempts at decapsulation. Dr. Edebohls relates an experience reported to him by the surgeon himself, in which this medical novice in renal surgery, upon being unable to bring the kidney into view, introduced a sharp curette into the depths of the wound and at long range, and beyond sight, scraped the capsule proper from the kidney all around at haphazard and as best he could. The laceration and destruction of kidney substance consequent on this procedure must have been shocking.

The dangers attending the operation for renal decapsulation are mainly those of any visceral operation dependent on the skill and rapidity of the operator, and on the anæsthetic if well or illy borne. For this reason Dr. Edebohls deprecates either the idea of two operators attempting to work at the same time, each on a kidney, or that of making two sittings for the double work, as he claims better results to the patient, with less shock, by the rapid, complete method with the minimum amount of anæsthetic.

Hæmorrhage is slight in the majority of cases, as few large arteries need be severed; those of the capsule proper not entering the cortex of the kidney. The patient should have a week's rest in bed if possible, for preparatory treatment, according to each case, but especially to minimize the eliminative work of the kidneys by rest and diet; and also to favor the heart, as this organ is almost always more or less involved in all advanced cases. With proper preliminary preparation of the patient the probabilities of a successful issue are materially increased. Derangements of the heart and vascular system most frequently present the influencing problems for or against operative procedures. A certain degree of hypertrophy and degenerations goes with every case of chronic Bright's disease. Dr. Edebohls has found, however, that this, if not too greatly complicated, not only does not contraindicate operation, but has proven a veritable boon to several patients, not only in improving the kidney, but in secondarily lessening the cardiac hypertrophy dependent on the kidney lesion. Age is a relative matter, the circulatory condition being in the main the chief determining factor. Few cases, if any, of advanced chronic nephritis present uncomplicated histories. Arterio-sclerosis, cardiac hypertrophies of all degrees up to non-compensation and predominant dilatation, pericarditis and endocarditis, pleuritis and hydrothorax, cirrhosis of the liver, cerebral and ocular lesions,—any or all of these may be present to a greater or less degree in cases presenting the characteristic phenomena of chronic Bright's disease.

As to the curability of chronic nephritis by decapsulation, Dr. Edebohls, than whom we have no higher authority on the subject under discussion,

says: "That chronic Bright's disease is curable by operation is demonstrated, I believe, beyond any legitimate doubt by the results obtained in these cases. The significance of this demonstration or proof becomes apparent when we consider both the wide prevalence of the disease and its inevitable tendency to a fatal termination, delayed though that termination may be under any and all forms of treatment hitherto known.

The mortality attending renal decapsulation will prove to be the mortality of the disease itself and of its attending complications, rather than that of the operative procedure undertaken for the relief of the existing nephritis. At the time his report appeared Dr. Edebohls had been able to follow up all but three of his fifty-one operative cases, covering a period of ten years; of these thirteen died of accidents or from complicating diseases existing at the time or acquired later; two have relapsed, probably through an invasion of the second kidney and not yet come to a second operation; ten were permanently cured, and twenty-three materially improved, many of whom may later on be reported as cures.

The majority of these patients are able to return to their usual vocation within two months after operation, but should be kept under constant care and supervision until the permanency of the cure is established. It is a well known fact that those suffering from chronic Bright's disease frequently experience temporary improvement, both in general health and in the condition of their urine, either with or without any special treatment of any kind; and that such improvement may be maintained for months before the inevitably fatal issue. To be classed as a cure or improvement therefore, due to the operation, several conditions must be proven: "First, that such cure or improvement follows with practical uniformity; second, that a cure once obtained is as a rule lasting, and, third, that improvement attained by operation is steadily progressive in character in the great majority of cases.

Clinically, the urine must decrease in and finally remain free from albumin and casts; the daily urea output be normal or approximately so for a period of at least six months following the verification of the disappearance of albumin and casts, and the patient must be free from the symptoms referable to the malady from which he formerly suffered.

The first beneficial effects resulting from decapsulation, indicated by an increased flow of urine, do not appear before the tenth day.

The first upon the urine itself being shown in the daily increase of urea. Those casts, denoting advanced destruction of the secreting structures of the kidney, viz., waxy, fatty, epithelial and pus, are the first to disappear from the urine; this requiring from one month to over a year. Next, the granular and hyaline casts gradually disappear; and, finally, the albumin, which has been steadily diminishing all this time, is found absent. Occasionally the patient passes through a brief period of typical cyclic albuminuria before the health of the kidney is finally re-established. Coincident and progressively with this improvement in the condition of the urine the patient's general health improves in other respects. The backache, headache and digestive disturbance grows less and less, and finally disappears. Unless the cardiac and vascular degenerations have progressed beyond the stage at which a restoration to health is possible the dyspnœa and circulatory disorders accompanying the nephritis also improve in varying degree. All the foregoing conditions have been fulfilled in the cases reported to you as cures from both Dr. Edebohl's paper and my own case presented herewith, except in the latter, as to time limit, but from the present reported continuous absence of all abnormal phenomena I feel justified in claiming it as a radical cure.

We have now but to consider the modus operandi of the curative results instituted by decapsulation, and I can do no better than to give you the plausible and ingenious theory evolved by the authority already quoted. He says: "How does operation act in bringing about a cure or improvement of chronic Bright's disease? The answer to this question has, to my mind, been settled as a result of observations made during the course of operations upon three kidneys that had previously been operated upon, one by myself and two by other surgeons. In each instance nephropexy was the operation originally performed. At the second operation, on the same kidney, the following conditions were noted as results of the first operation: First, the formation of strong connective-tissue adhesions attaching the kidney to its surroundings; secondly, the existence in these connective-tissue adhesions of very large and numerous blood vessels running between the kidney and the adjacent tissues. This fact was forcibly brought home by the necessity of ligating artery after artery of considerable size in dividing these adhesions; thirdly, the predominance of number and size of the newly-formed arteries over the newly-formed veins; fourthly, the significant fact that in all the arteries the direction of the blood stream was toward the kidney." His conclusion from this that arterial hyperæmization of the kidney was the basic factor underlying the subsequent changes which resulted in a cure or improvement of these cases after operation seems reasonable, especially in view of the following from Ziegler's Text-Book of Special Pathological Anatomy, "When a portion of the renal epithelium has been destroyed by a morbid process which spares the interstitial structures, the loss is in general soon made good by regenerative proliferation of the remainder; and, if the circulation is adequately maintained, the new epithelium presently becomes capable of carrying on the secretory function." The increased and adequately maintained blood supply to the kidneys thus established probably leads to gradual absorption of the interstitial or intertubular inflammatory products and exudates, thus freeing the tubules and glomeruli from external compression, constriction and distortion, permitting the re-establishment in them of a normal circulation. The result of this improved circulation in and between the tubules and glomeruli is the regenerative production of new epithelium capable of carrying on the secretory function. The denuded kidney and its fatty cap-

sule, which are liberally supplied with blood vessels, being thus brought together by this operation, over the whole extent of the kidney, there necessarily results the formation on the most extensive scale of new vascular connections between the kidney and the fatty capsule embracing it. It is obvious from the foregoing that the cure of chronic nephritis is only initiated by operation and is therefore only gradual and progressive.

In conclusion, let me impress upon you two pertinent deductions from the foregoing statements, first, "that chronic Bright's disease at least in its earlier stages, before irreparable and fatal damage has been inflicted upon the kidney, the heart, the blood vessels and the nervous system, is curable or susceptible of amelioration by renal decapsulation. And, second, that renal decapsulation in the early stages of the disease is, in competent hands, attended with little or no risk to life. The general practitioner, therefore, owes it to himself and to his patient to accord practical recognition of these two important facts."

J. E. Lowre, aged 37, single, machinist by trade. Entered May 3, 1903.

History.

Habits fairly regular; never used tobacco.
Takes a glass occasionally.
Father killed accidentally; mother living and well.
Two brothers and three sisters alive and well.
Two sisters died; cause unknown.
Has never had gonorrhœa or syphilis.
Has had erysipelas once.

Clinical History.

Began to feel badly about April 1, 1903.

Malaise and shortness of breath; œdema of ankles about April 15; œdema rapidly extended upwards to abdomen; ascites soon marked, with which came slight dizziness and great dyspnœa.

General appearance, short and heavy set, but not fat.

Physical Examination.

Abdomen so œdematous that organs could not be palpated or percussed.

Heart—Size and position normal; valves negative; pulse rapid, but fair in quality.

Lungs—Negative; no rales or bronchial breathing.

Expansion good; no dullness.
Slight cough, with expectoration; frothy.
Urine examined May 5, 1903.
Result—Sp. gr. 1014; acid: alb. profuse.
Many hyaline and granular casts.
Temperature, 100; pulse, 100 on entrance.
Bowel movements once daily.
Micturation twice daily.

Treatment Medical.

Infus. Dig. 3j. 8-12-4.
Infus. Apocy. 3j. 10-2-6.

Infus. Dig. continued only two days, but Infus. Apocy. continued two weeks.

℞. Strych. Phos. 2x grs. iv. t. i. d.

May 14—Infus. Dig. was resumed and the Apocy. discontinued.

During these two weeks the patient was very restless and uncomfortable.

Emesis of dark yellow to greenish material.
Meals refused often.
Hot packs given daily.

Occasional sinking spells, when nitroglycerine $^1/_{100}$ was given.

May 15—64$\bar{3}$; urine voided.

Urine contained albumen and hyaline casts and granular casts in abundance.

During next ten days the Digitalis 8-12 and 4 with Strych. Phos. was continued.

An occasional Hypo-Morph. ¼, Atropine $^1/_{150}$ given.

Hot packs for twenty minutes each also continued.

Results were only slight; œdema still marked; ascites bad and dyspnœa.

Examination of urine May 25 showed sp. gr. 1028; neutral; albumen less than before, but still quite marked; urea, 2.8%; hyaline and granular casts quite abundant.

May 25, 1903—Operation for decapsulation of kidneys by Dr. Aldrich.

Patient rather weak before operation.

Returned to bed; pulse, 140; temperature, 102° F.

11 oz. urine first twenty-four hours.
39 oz. urine second twenty-four hours.
Fed on semi-solid diet and lemonade.
No medication.
Urine examined four days after operation.

Result—Alb. trace; hyaline casts and granular few; urine examined two weeks after operation.

Result—No albumen and no casts; sp. gr. 1018.

On discharge June 15 appetite was good; œdema gone and no ascites; feeling fine.

Is now working at his trade and has no bad symptoms.

EPISPADIAS AND HYPOSPADIAS.

BY SIDNEY F. WILCOX, M. D., NEW YORK.

Epispadias and hypospadias are congenital deformities occurring in male children and consist in deficiency of some portion of the urethral walls. They may occur as the result of disease or injury, but infrequently.

The deficiency may exist in any degree from a slight cleft at the end of the penis, a fistula, or the entire wall above or below may be lacking, so that there is no canal at all. In many cases where the opening is directly into the bladder, either above or below the penis, there is a depression or groove running the whole length of the organ which represents the urethra.

In epispadias there is a deficiency of the upper wall or roof of the urethra, while in hypospadias it is the lower wall or floor of the urethra that is missing.

In some cases of hypospadias in place of the urethra there is a longitudinal band or cord of inelastic fibrous structure, which acts like a bowstring during erection of the organ, bending it as in chordee. This structure has to be dissected away an-

teriorly and allowed to slip back when the operation for repair is performed.

While the canal is lacking in epispadias, the opening into the bladder is directly under the pubes. In hypospadias it may be in the anterior surface of the scrotum, or the scrotum may be completely divided with the orifice presenting between the two halves. Many of the cases of apparent hermaphroditism are realy nothing more or less than exaggerated cases of hypospadias. Three years ago a young patient 17 years of age was brought to my clinic at the New York Medical College and Hospital for Women, who was supposed to be a true hermaphrodite. The patient had always dressed as a girl and associated with girls, and the hair was worn long, as it wou!d be in a case of a girl of that age.

Examination developed the fact that it was a young man. The penis was small, and with no sign of a urethra; the opening into the bladder was back of the base of the penis, between the two halves of the divided scrotum. Each half of the scrotum contained a testicle and was mistaken for a labium majorum. Under anæsthesia I was able to pass my little finger directly into the bladder through the supposed vagina. There were no female organs. With the exception of the long hair, the general appearance was that of a boy rather than of a girl; the angular shape and genera! contour of the limbs, the flatness of the chest, with no appearance whatever of mammary development, all indicated the male sex. He was entirely ignorant of his sex or condition, and was subject to fits of depression on account of the strange physical sensations from which he suffered at times, which he and I could not understand. I consider this a most unhappy case, and one which might have been relieved by operation, but I was not allowed to disclose his sex to him and he disappeared from my observation.

All cases of either epispadias or hypospadias become very sensitive about their condition, and even when only children the boys realize that they are not like their playmates.

It is hardly necessary to state that the only remedy for these deformities is in operation, and that the operations are among the most difficult which the surgeon is called upon to perform. For difficulty they may be classed with the operations for the repair of cleft palate or intestinal fistula, and as they are not frequently performed it is of importance that every operator should give the results of his experience.

The operations detailed in this article were original with myself, althoug I find on later reading that they resemble in many respects those of Auger, Duplay, Nelaton and Thiersch. See Bryant's Operative Surgery, Vol. II., p. 1,236 et seq. I have operated on one case of complete epispadias, and four cases of hypospadias, varying in degree, and have had referred to me several cases which have declined operation.

There have been two great hindrances to the achievement of a successful result, one being the difficulty of preventing the stitches being torn out by erections, and the other the drainage of the bladder without irritating the wound and causing suppuration from the pressure of a catheter in the newly formed urethra. The first hindrance is one exceedingly difficult to obviate, and in my own experience I have found no remedy which would keep the organ flaccid in strong young men. The tendency to erection is, of course, greatly increased by the local irritation of the wound and the retaining sutures.

In one case of a young man on whom I had operated for a moderate degree of hypospadias, the only way in which I was able to overcome the constant erection when asleep was to apply an open ring of brass ribbon over the organ. This ring was very loose when the organ was flaccid. A tongue of brass ribon was attached to the inner side, which was insulated from the ring at the joint, and would only touch it with the tip when the influx of blood increased the size of the penis and pressed upon it.

The ring and the tongue were each connected by wires to an ordinary house battery and bell, which rang furiously whenever the contact was made. See Fig. 1. This gave warning to the nurse, who sat beside the bed, and he was able to pack ice around the penis in time to prevent disaster. The final results was successful, but the experience of the nights were decidedly amusing. Mono-bromate of camphor or other drugs administered in this case were without effect.

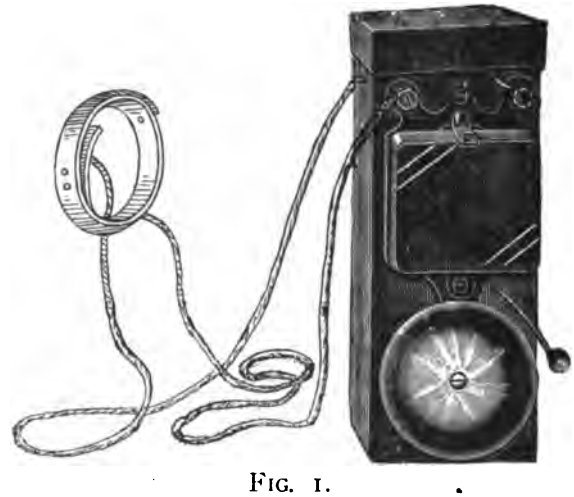

FIG. 1.

The second hindrance to a successful result can easily be removed by draining the bladder through a perineal opening. This may be done in the manner which is employed in the treatment of deep urethral strictures by external perineal urethrotomy. A good sized catheter is fastened in the perineal opening by one or two stitches, and allowed to remain there for a week, or until the stitches cut out. I believe this method of draining the bladder to be one of the most essential steps to a successful result.

The method which I have employed in the case of epispadias was similar to that of Nelaton, with the exception that Nelaton took a flap from the scrotum to cover the penis. (See Fig. 2.) The patient, a young man of twenty, came to me from Florida. I found on examination that there was a complete deficiency of urethra, there being a slight depression or trough along the top of the penis, and an opening directly into the bladder, but no canal whatever. The pubes was covered with hair, and the opening was

so wide that when he ran or walked the urine joggled out of the bladder as it would from a jug with the cork out. In order to protect his clothing

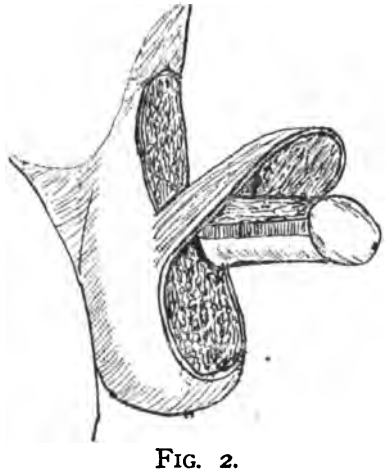

FIG. 2.
(From Bryant's Operative Srugery.)

he was obliged to wear a cloth or pad over the opening in the bladder. I sent the patient to Dr. Wm. H. King, who, with great care and patience, removed the hair from a strip over the pubes by means of the electric needle. This required some time for its accomplishment. Then sending him to the Flower Hospital, I operated before the class of the college. First, two parallel linear incisions about half an inch apart were made from the pubes to the end of the penis along the top of the organ. Then a flap was dissected from the pubes and turned, skin side downward, to form the roof of the urethra. Afterwards two skin (Fig. 3) flaps which had been pre-

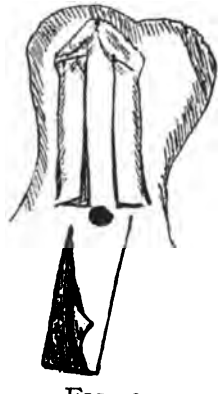

FIG. 3.
Incisions in Nelaton's Operation (from Bryant).

viously dissected from the dorsum and sides were drawn toward the median line, covering over the flap which had formed from the skin taken from the pubes.

In order to relieve the tension on these flaps longitudinal incisions through the skin were made along the sides of the penis so that the flaps could slide more easily toward the median line. Thiersche's grafts may be used to cover the raw spaces thus made if desired.

A catheter was left in the newly made urethra in this case, but now I should advise perineal drainage instead.

The operation was a success, the wound healed well, and the patient was able to pass a stream and to retain his urine at will. The penis, as in most of these cases, was short, how much it lengthened during an erection I was never able to ascertain. He married three or four years afterwards, and rather to the surprise of all those who were acquainted with the case the marriage has been a happy one, although no children have resulted from the union.

Various operations have been proposed for the relief of hypospadias, but the one which I present is original with myself, although as previously stated it includes many points given by other operators.

The splitting of the penis on its lower side and sinking of the urethra into its substance have not to my knowledge been proposed or published by other writers, nor has perineal drainage of the bladder, so far as I know, been done by other operators for this condition.

A study of the cuts giving in full and in cross-section the various steps of the operation will help in understanding the technique of the operation followed in the case of complete hypospadias in a small boy. The opening into the bladder was at the scrotum, and there was no indication of any urethra whatever anterior to this point. He was obliged to sit on a chamber or water-closet when urinating.

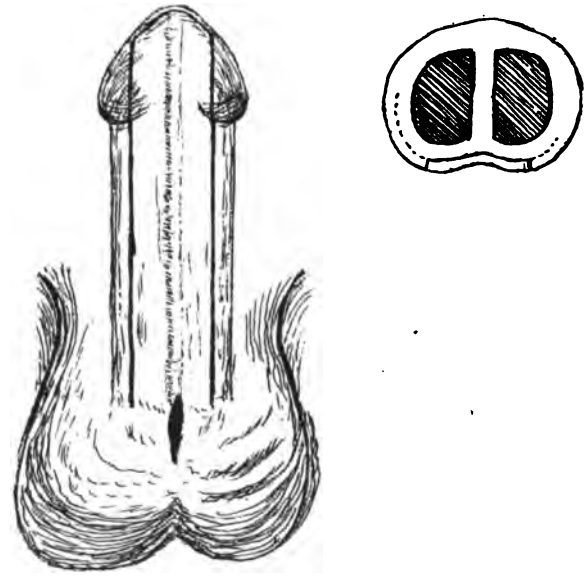

FIG. 4.

Fig. 4 shows the incision for the skin flap from which the lining of urethra is to be made.

Fig 5 shows a flap of skin dissected up from the lower side of the penis, and a deep groove cut into lower side of the organ going between the corpora cavernosa to one-half the thickness of the organ. The fear of hæmorrhage has been greatly exaggerated, but like the tongue the penis can be split in the median line with little trouble. The base of the flap should be at the orifice of the opening into the bladder.

Fig. 6 shows the skin flap sunk to the bottom of the groove and stitched in place with fine catgut sutures.

Fig. 7 shows the edges of the groove stitched together in such a way that a new urethra lined throughout with skin is formed. It also shows two lateral flaps of skin, one wider than the other, on

each side. These flaps extend back beyond the original orifice which has been closed in.

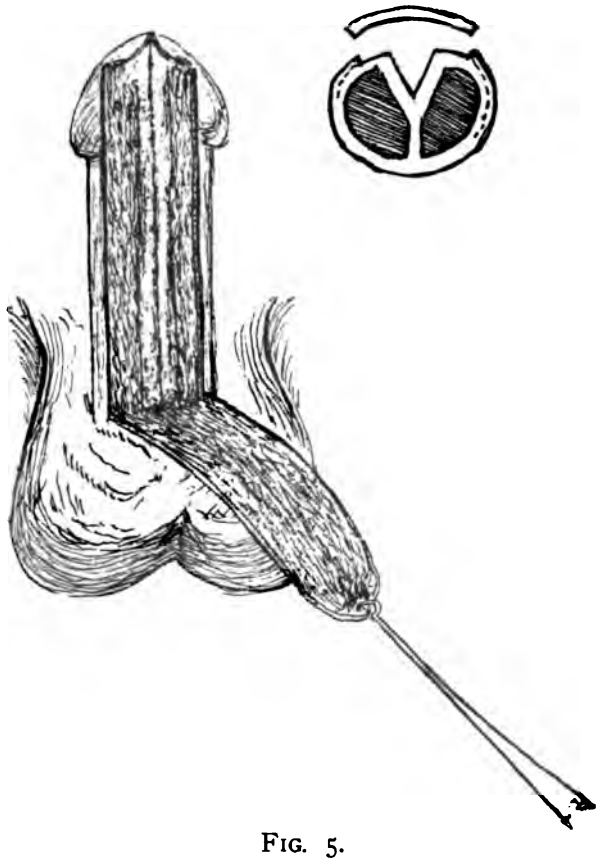

FIG. 5.

Fig 8 shows the operation completed. The skin flaps are stitched with fine silk and perhaps re-enforced by a few deep sutures of horse hair. The reason for the unequal size of the two lateral flaps will be seen here, which is that the two seams will not be one over the other, which adds to the probability of better healing.

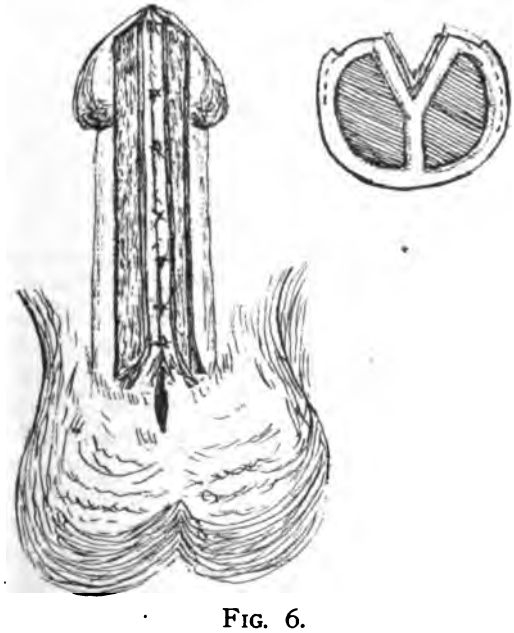

FIG. 6.

Fortunately, in most cases of hypospadias there is a great redundancy of foreskin, which may be utilized in the plastic work, and should never be removed until the result is successful.

For perineal drainage which should be employed in operations both for epispadias and hypospadias an opening should be made as in the median operation for stone, but it should be made only large enough to admit of the passing of a good-sized catheter into the bladder. The catheter should be fastened into the wound with two or three silk or silk-worm gut sutures, which do not pierce the lumen of the tube. As before stated, this tube may be left in place for a week or more, or until the sutures cut out.

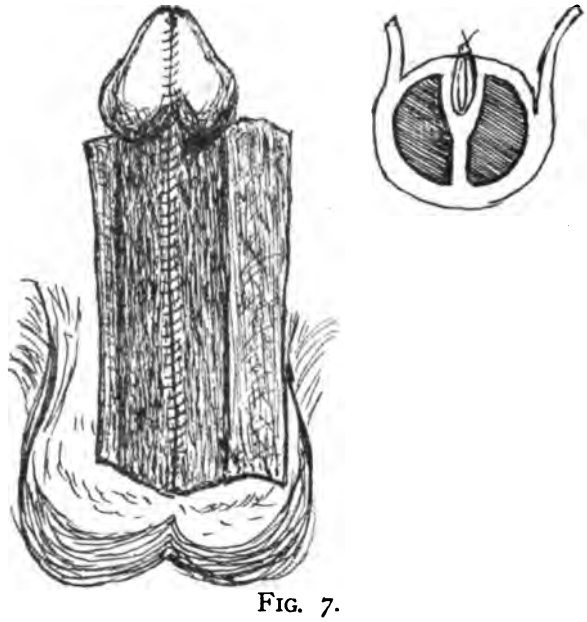

FIG. 7.

The catheter should also be connected by means of a tube to a sterilized bottle placed under the bed. The mouth of the bottle should be packed with sterilized cotton around the tube so that the air which comes in contact with the urine is filtered and does not cause it to decompose. The tubes and bottles should be changed and sterilized by boiling

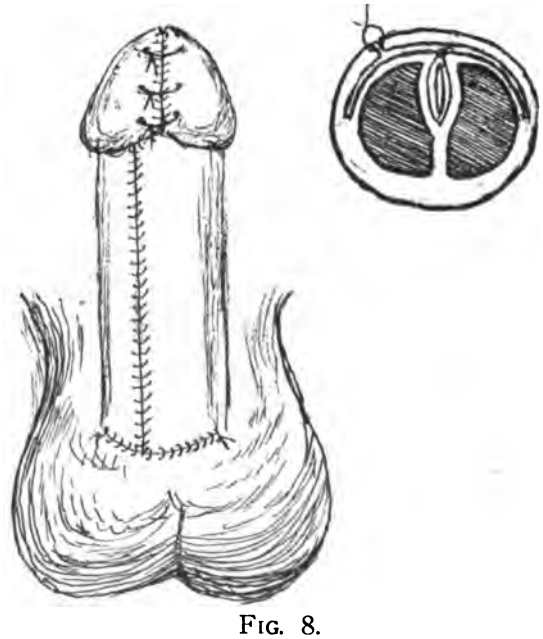

FIG. 8.

at least once in six hours. A few drops of formaldehyde in the bottle will also tend to prevent decomposition of the urine. The bladder may be washed out from time to time if thought necessary with some aseptic or normal saline solution, and this is a good practice, as it tends to prevent the deposit of

urinary salts upon the catheter. By this means the complete avoidance of urinary irritation is effected, and it is much more comfortable to the patient, adds much to the certainty of success and gives better opportunity for perfect closure of the wound.

The perineal wound closes spontaneously and usually in a very short time after the removal of the tube.

In the case of hypospadias referred to the whole operation was not attempted in one stage, although I am of the opinion that it might be done successfully. In some cases most of the wound will heal by first intention, but there may be minute fistulæ which will require subsequent operations for complete success.

Homoeopathics.

THE REASONABLENESS OF HOMŒOPATHY.

A. M. WEBSTER, M. D., GRAND RAPIDS, MICH.

"Similia similibus curantur." How? "Like cures like." Why? Have we all a clear and satisfying idea of the rational which governs the almost magical working of the homœopathic remedy when accurately selected?

We have all stood at the bedside of a patient burning with the fever of pleurisy and with aching head, dry throat, and sharp cough, which was unbearable on account of the attendant sticking, knife-like pains, worse with every movement of the body, the patient worse even from the jarring of his bed by a heavy step on the floor, and breathing only shallow breaths in order to not move the muscles of his chest. It began with a hard chill, and when we were called, for two or three days it had been allowed to run and strengthen its hold upon the system. We knew that unchecked the disease would run its course for at least two or three weeks and leave as sequelæ adhesions that would give intractable stitches in the side for weeks, months or years. We have all seen such cases, and we have unerringly given the patient Bryonia. A hundred homœopathic physicians in a hundred different localities would give the same remedy even though they had never seen each other. After giving the remedy the symptoms rapidly subsided, the fever declined, the headache ceased, the dread of motion, the sticking pains, and all the disorderly symptoms subsided; resolution rapidly supervened; and if we trusted our remedy and did not mix it up with too many others, it produced a complete recovery within a few days. Then has some wise friend asked what you gave, and when told that it was a few billionths of a drop of tincture of white Bryonia, said: "It cannot be that so small a thing could produce such a result. It is unreasonable. It must have been some slight cold that got well of itself."

Again, you have just left a case of confinement. Everything went well, the placenta came away whole, and you have left the mother and child in that satisfactory condition described in the words, "As well as could be expected." You have hardly got away from the house when they send for you in great haste—"The woman is bleeding to death." You hasten back, and at a glance take in the situatiou. She is deathly pale, exsanguinated, now in a prolonged faint, just following nausea, and profuse vomiting, and a pool of blood is on the floor. You remove the pillow from the head and order ice, but without waiting for it you put a few drops of Ipecac into a glass of water and give some to her without lifting her head. Before the ice comes you see a return of color to the pallid face, and you give more Ipecac, her nausea ceases, and by the time you can make an examination the torrent that alarmed you is evidently subsiding. This may have occurred many times in your practice, and always with the same results when the symptoms were the same, and yet your friend says: "It cannot be. It is unreasonable." And if you are young in the practice and have had only the teachings of the colleges, not supplemented by careful digging into the writings of the old masters, especialy those of Hahnemann, Bœnninghausen, Grauvogl, etc., you may agree with your friend.

At another time you are called to see a man who yesterday was at his business, today he is burning up with fever. This morning he had a chill, so hard that he could scarcely sit in his chair, and he said that he shook enough to make the windows rattle. Two days ago he did the same thing. A week ago the same, and he stopped it with a large dose of quinine. He has done it before, several times before. In fact, he has had these attacks every third day, or every week, or every two or three weeks for months. He has lost flesh and color, and many of his neighbors, seeing the withering man, prophesy his early death. He has tried all the allopathic physicians in town, in several towns, with the same results, quinine, chills temporarily checked only to return harder than ever. You, a Homœopath, he has finally called, not because he expects anything different, but because he has not called you before. You give him Natrum muriaticum. Next day he is better; he is at business again. He is picking up. There is more color in his cheeks. His step is firmer. Somehow he feels more like a man. But next week it may return. It does not, however, nor the week after, nor ever. Was it a little common salt, less than he would put in his potatoes in its crude state that cured him? It is unreasonable to suppose it. But you know that such things have happened often before in your experience, and that of many others.

For many years I met these experiences and these questionings with the answer. It is unreasonable. But it does it. Homœopathy cures. Now, I, like some other great man—I forgot just who—"respect a fact more than I do the Lord Mayor," and I rested on the facts without much effort to find out the reason, or to remove the apparent unreasonableness even from my own consciousness. You have all, no doubt, emancipated yourselves from that predicament long since, but a little review of a reasonable theory for Homœopathy will harm no one.

The practice of medicine deals directly with living man in his physical nature. Disregarding then his moral nature he consists of a body composed of matter inhabited by vital force. To regard disease as a matter of chemistry and needing chemical or

ponderable portions of matter for the restorations of health is the fallacy of our old school brethren, and is a fallacy because it disregards one-half, if not much more than one-half, of the man.

Gaze on the form of your dead friend. How much of his body has he lost? What disturbance in the atoms of matter, as such, has taken place? He weighs no less, not an atom of matter has gone. The beauty and grace of outline is all there; nay, it may be more beautiful in death than in life. Why will not the pulses beat, the color come and go, the eyes open, and this splendid machine act in its normal way? Only because the "vital force," whatever that is, is lacking. The difference between the dead and the living body, then, is a something that cannot be seen, felt or weighed; something that has always eluded the prying eyes of science; but it is that part of man that holds the atoms of matter together, that acts upon them, organizes them, uses them, and makes of the dead body of matter a living, moving, healthy man.

What then is disease? Since the complete loss to the body of the "vital force" is the ultimate of disease, or death, its disturbance or disorder means disease. Disease must first appear in the vital force before it can be reflected in the atoms of the body. How great a quantity of matter, think you, is necessary to produce disease? It may be a dose of Epsom salts. It may be a big dinner within an hour or two of another meal, or it may be but an emotion of the mind or heart, fear, anxiety, grief or distress. Even embarrassment in appearing before an audience has caused the same symptoms of disease as the material dose of salts. In our ague patient, how many ounces of poison produced that formidable disease? You cannot see it. It is doubtful if the powerful eye of the microscope has ever revealed it (unless after it has germinated in the "spritz bottle"). The patient lived in the neighborhood of newly broken ground—a hardy pioneer. What arose from the virgin soil, turned for the first time to the sun, which the eye could not see, which shook him as a terrier does a rat.

Or shall we adopt the latter "fad," the germ theory of disease, and attempt to reduce all disease to the development of microbes? Yet that theory does not explain why one or two or five in a family of, say ten, all equally exposed to the tubercular bacilli, should be overpowered by those germs and the rest of them should not. Indeed, it is entirely within reason to assume that we live constantly in an atmosphere of germs. We breathe them, we eat them, we drink them, we absorb them, but a healthy living being is the most efficient germicide known to science and destroys them all. A theory to be real knowledge must cover and account for all the facts. If there is one properly related fact that the theory does not include then the theory is crude and must sooner or later give way to a better one.

The one theory of disease that covers all the facts is that disease is a disorder in the vital force, the dynamic power that acts upon the material of the body, and holds them to their form and duty in the human economy. Loss of material may disorder this vital force, chemical changes may effect it, bacteria may disturb it, emotions of the soul may derange it. In any case the cause may be appreciable matter or immaterial spirit, and the spiritual causes greatly outnumber all the others combined. The problem of the cure of disease, then, is obviously the restoration of the vital force to its normal action. The symptoms of the disease are but the efforts of nature to restore the equilibrium of the vital force; they are the sign manual of the disease; taken in their totality they indicate every struggle that nature is putting forth to expel the intruder, if such the disease is, or to restore sanity to the action of the vital force in any case.

What folly, then, is the effort to suppress the symptoms of disease. Under the rule of contraria contrariis curentur. Is one sleepy? He should be kept awake. Is he thirsty? He must be deprived of water. Is a poison in the stomach or bowels that nature is trying to remove by vomiting or diarrhœa? Seal it up with opiates. Is nature working off by the nasal mucous membrane an internal inflammation that would otherwise settle upon some important organ, producing serious damage? By all means suppress it if possible. If nature is staggering under the burden of typhoid fever and has increased the circulation in her efforts, and suppressed the appetite to save the patient, by all means lower the temperature with an ice water bath or antipyrin; force food upon an unwilling stomach, and, if the patient dies, you can comfort yourself with the reflection that it was "secundum artem" anyhow.

The homœopathic way is the reverse of this. We carefully inquire what nature is trying to do by the only unerring guide, the symptoms. We have already learned what drugs will act in a similar manner. We give the one that completely matches the whole picture of the disease in the smallest possible dose to prompt nature to act with more vigor in the same direction in an acute disease, or to stimulate to renewed activity in a chronic one; but the dose must not be large enough to leave a residuum of sypmtoms uncured, nor to induce new drug symptoms.

All drugs have two actions upon the living organism. A primary action, violent, harsh, brief, followed by a secondary action mild, though long-continued, and the opposite of the first. This secondary action is in reality not the action of the drug but the action of the vital force of the body in response to the drug. The Homœopath uses the latter, and reduces the dose to avoid the former. Hence the absurdity of using cathartics to cure constipation, since they produce constipation and always increase it; or, of suppressing neuralgia by morphine, which is sure to bring on an aggravated return of it. All old school prescriptions have the scientific value of the darkey's prescription for diarrhœa: "Alum and Rosum, sah. Alum to fetch the pants togedder and rosum to sodder em."

The scientist is a student. He is constantly asking of nature, How? What? and Why? He works with her and learns her ways. The scientific physician is too modest to claim that drugs can cure disease. He knows that nature cures disease. He with his drugs will await nature's answer, and aid her in her efforts, if he can; but will make sure that at least he never meddles, nor even hinders her in her benignant efforts.

RHUS AND RHEUMATISM, OR SAMPLES OF IRREGULAR PRACTICE.

BY HENRY W. CHAMPLIN, M. D., BLOOMSBURG, PA.

I find among my record of cases a young man writes me about his lame back; it is worse when he gets chilly and when he catches cold. "If I sit still for a time, and then move, it seems as if it were cracking." It pains at night in bed. This letter is written in mid-winter; the patient is a young man on a farm. As every Homœopath would do, I gave him Rhus toxicodendron, and every doctor who would give him Rhus is a Homœopath when he does it. But this is not regular. And although this it a better remedy than any other, of whatever school, we must not do so when we are accepted into membership with the dominant school, because it is iregular. We know that no two prescriptions of the regular doctors would be alike in the above cases, but it does not matter only so they are not irregular.

Mr. H., a plumber, who had been a frequent (all too frequent) caller at my office and residence on business pertaining to his own profession, one summer evening gave me the agreeable surprise of a call in other than his working clothes. Mr. H. had been having malaria all summer, and he had heard that I could cure it without quinine, which he had been taking heroically. He had been having a great deal of rheumatic pain, as might be expected from the work, and exposure, incidental to his occupation. He had a severe backache, which he did not mind much during the day, but he could not sleep at night on account of it. This backache was always especially severe just before an outbreak of the malaria, and he was sure that he was now on the verge of another attack on account of this premonitory symptom, and he dreaded to take more quinine.

I gave him some doses of Rhus, in high potency, to be followed by Saccharum lactis. He improved at once, but experienced some return of the pain while taking the placebo powders. Rhus was again given, with prompt and complete cure of the patient. He informs me now, more than two years since the treatment, that he has had no malaria or rheumatism since. My wife, who knew nothing of the illness or treatment, remarked to him shortly after my prescription that he was looking much better than formerly; he replied that his health had been greatly improved since taking medicine from Dr. C.

He had taken no medicine but Rhus, 30th and upward. Now this is a sample of irregular or sectarian medicine. This remedy will successfully meet such conditions every time, and every doctor can learn to apply it, but it is irregular and not to be tolerated if we are amalgamated. Then we will be regular, and at liberty to prescribe anything, or nothing,—anything except a remedy based on the law of similia. In reading the literature of the old school one can find authority in a given case for doing a certain thing, or the opposite, or nothing at all. Whatever a doctor may decide to do in the way of medical treatment he can find some authority in his favor, but always the great mass of the profession will be against his treatment, showing how it is more harmful than helpful. We all know very well that there is no uniformity in old school practice, except in its opposition to the irregular practice illustrated above.

Have they something better to offer? We know that they have nothing to compare with our system in its beneficence to humanity. Then why do they not adopt Homœopathy, as some few thousands have done, during the century of its existence? Homœopathy is either right or wrong. If right, every doctor should be educated in the system; if wrong, no one should ever attempt to apply it. Allopathy is both right and wrong. To a considerable extent right, as taught by the best writers and teachers; but, taking such teaching as a standard of what is right, or at least good, its practice, as commonly seen, is wrong, or bad—worse than useless. Their argument that something must be done to please the people, and enrich the doctor, is a poor excuse for the harmful drugging they are doing. If all would unite on Homœopathy much good would be done and the people be still better pleased.

Practice of Medicine.

ACUTE INFLAMMATION OF THE PHARYNX AND ADJACENT AIR PASSAGES.

BY H. F. BISHOP, M. D., WASHINGTON, D. C.

At this season of the year, with its long train of colds and coughs, it may be profitable to consider some of these ailments which the physician is so often called upon to treat.

The mucous membrane forming a continuous lining of the respiratory passages from the frontal sinus to the pulmonary alveoli is delicate and for the most part well supplied with blood, therefore readily congested. A slight congestion often disappears after an hour or two, or it may increase in severity and go on to actual inflammation. Redness appears, which is often accompanied by a condition of increased dryness in the vicinity of the pharynx, as distinguished from the watery discharge so often seen early in acute inflammations of the nasal cavities.

Later, this gives place to an increased production of mucus, which becomes thicker as time goes on owing to an admixture of exfoliated epithelial cells and pus corpuscles, with sometimes a considerable amount of mucus or fibrinous exudate rendering it tenacious or stringy as the case may be. Such an exudate containing considerable fibrin as well as epithelial debris may occlude the lumen of glands and cover some of the area adjacent, as in the case of follicular tonsillitis; this exudate being, however, on the epithelial surface of the inflamed tonsil. If, however, the fibrinous exudate should also permeate the mucous membrane itself, and possibly the submucous tissue, the condition would be one of diphtheria.

While this exudation has been going on upon the surface, the blood vessels have been engorged, giving the dark red appearance of which we have already spoken. At the same time the perivascular lymphatic spaces are filled with an unusual amount of serum and leucocytes, giving a swollen condition. A still greater amount of serum sometimes is ex-

uded into the softer tissues, causing a condition of œdema occasionally seen in the uvula, or less frequently in the larynx.

Certain locations are prone to suffer from inflammation, and from these it is liable to spread until a considerable portion of the respiratory tract may be involved. A pair of hypertrophied faucial tonsils, a set of adenoids filling the post-nasal space or an enlarged lingual tonsil may be the starting point of frequent trouble.

In general, anything which deflects or impedes the normal current of air is objectionable. The removal of nasal spurs, the straightening of a deflected septum, or trimming away the redundant portion of an hypertrophied turbinate many times removes the tendency to frequent acute inflammations, not only of the nasal cavities but of the pharynx. It should be remembered, as we have said, that we are dealing with a continuous lining mucous membrane, subject to catarrhal inflammation, and that the different parts of the air passages under consideration will be affected somewhat differently, since they vary in location, in the thickness of mucous membrane, in the number of mucous glands, in the presence or absence of crypts and in their proximity to masses of lymphatic tissue. Therefore, their treatment will be the same in a general way, with certain modifications indicated by the exigencies of each particular case, but of treatment we will speak more fully later.

It is not within the scope of this paper to treat at length of acute inflammation of the tonsils, pharynx, larynx, etc., but it may be well to mention here one very distressing condition occasionally met with and one which is scarcely mentioned even in recent works, namely, acute tracheitis. Of course, there is always more or less inflammation of the trachea in any case which extends below the larynx, but it is specially aggravated in cases that we will discuss in this connection.

It nearly always occurs in connection with inflammations of the pharynx, and usually is secondary to them. Very often the larynx is greatly congested, sometimes œdematous. There is more or less pain and a great deal of irritation of the tract between the larynx and the bifurcation of the trachea, and most intense in the upper portion of the trachea. There may be considerable rise of temperature, the patient is able to obtain very little sleep, is generally miserable, and the physician finds a case which he expected to improve promptly, holding on for a week or longer. In children spasmodic croup is a very frequent accompaniment. The case goes on through the stages of gradually increasing discharge, of increasing consistency as in other catarrhal inflammations, and finally clears up entirely, or it may proceed to a chronic condition and persist indefinitely.

The writer recently treated a case of almost pure tracheitis. There was at first moderate nasal and pharyngeal involvement, which subsided rapidly, while the tracheitis increased in severity. There was no very marked tonsillar congestion, no dysphagia, and no aphonia, and no increased respiratory rate. Careful examination of the chest showed no pulmonary involvement. Yet the temperature reached 103.3 degrees, the tracheal irritation was great, causing a distressing cough upon the slightest motion and preventing sleep. Nearly the whole week was spent in bed. Seven days after the beginning of the attack the patient went about her regular duties.

In acute inflammations of the pharynx and its vicinity, the patient should in the earlier part of a severe attack remain in a comfortably warm atmosphere, avoid making much exertion, use the voice very moderately, take a light diet, and avoid very hot food or drink, hard substances which scratch in swallowing, and pungent spices, strong alcoholics and other substances causing local irritation. Sprays used should be of some bland oil like albolene or benzoinal, with a very small amount of some pure essential oil, such as menthol, camphor, eucalyptol, thymol, etc. It is necessary that the amount of these be small in order that the effect be soothing. In selected cases, however, a solution of silver nitrate strong enough to have a sedative effect will give good results, especially when the acute attack is engrafted upon a chronic congestion. Where dryness is an annoying symptom, inhalation of vapor from hot water containing a small amount of tincture of benzoin or eucalyptol will be grateful.

As the attack verges towards the chronic stage, when the irritation has mostly subsided and the discharge is more profuse and more thick, it is necessary to remove the discharge in order that local medication may reach the mucous membrane. At this time local cleanliness is an important as any other part of the treatment. A warm nasal douche of normal saline solution made very faintly alkaline, or Dobell's solution, may be used, or the same may be used as a gargle if required. The larynx and trachea, however, are very intolerant of aqueous substances.

Following the cleansing, sprays of the essential oils with albolene as a base may be used, but should be strong enough to have a stimulating effect. Applications of iodine and glycerine upon a cotton tipped probe or a mild solution of nitrate of silver in selected cases will give satisfactory results.

Between attacks the patient should be put into condition to avoid further trouble. We have mentioned reducing by local or constitutional treatment or surgical procedure all chronic conditions which favor congestion of the overlying and adjacent mucous membrane. It should be remembered, however, that no surgical operation ought to be undertaken during an acute inflammatory condition. The tone of the system should be improved, digestive disturbances which are a prolific cause of catarrhal troubles should be abated, and various constitutional diatheses treated. Unfavorable habits of the individual must be regulated, whether they be improper diet, the excessive use of tobacco and alcohol, lack of sufficient sleep and exercise or any of the various shortcomings which depress the whole organism and favor acute and chronic catarrhal affections.

This is but a general indication for treatment which the physician must apply and modify to suit each separate case. Let us add in closing that he must not lose sight of the remedy indicated by both local and general symptoms which often gives such

satisfactory results, whether used alone or in connection with local treatment.

Remedial Treatment.

Following are a few local indications for some of the most frequently used remedies:

Aconite. This remedy if taken early enough will usually abort an attack. Give when patient begins to think he has taken cold, is chilly, with slight irritation of pharynx, perhaps he has sneezed once or twice, and he may have slight watery, unirritating nasal discharge.

Belladonna. Bright red, dry, shining, swollen mucous membrane and tonsils with characteristic general condition.

Guaiacum. Especially adapted to pharynx when rough, raw, irritated condition is present.

Mercurius iodatus flavus. Especially affects the tonsils, causing thick yellowish or gray exudate upon the surface of the mucous membrane, about the mouths of the crypts which are filled by it. The tonsils are much swollen and swallowing is difficult. The base of the tongue is heavily coated and considerable fever is present.

Mercurius iodatus ruber. Resembles the above, but has more severe inflammation of the tonsils with tendency of the exudate to spread over the mucous membrane and involve its deeper layers. There is much more glandular involvement and greater prostration.

Spongia. Especially adapted to a dry, congested condition of larynx and trachea, with dry, irritating cough and suddenly appearing attacks of difficult, spasmodic respiration. Croupy cough. Very frequently useful in spasmodic croup.

Rumex. This is also useful in affections of the trachea. It has more the nature of a congestion than an inflammation, and is characterized by a slight rawness and soreness of the trachea and tickling behind the upper end of the sternum, with dry cough.

Hydrastis. This remedy is useful in subacute or chronic cases with post-nasal dropping of thick, tenacious yellow mucus, which covers the posterior pharyngeal wall, and this posterior wall has a rough granular appearance with follicles enlarged.

Kali bichromicum. Here we find a yellowish discharge even more tenacious and stringy than Hydrastis, in the posterior nares, pharynx, trachea and well down into the bronchi. The patient has an accumulation of thick mucus in the larynx and on the vocal cords, which must be coughed away by repeated efforts before he can speak. Occasionally deep ulcerations are present, though this indication is most often found in the nasal passages.

[Read before the February meeting of the National Homœopathic Medical Society.]

Discussion.

Dr. King would avoid the use of local applications to the larynx, but believes in the use of nebulized vapors instead. He does not believe the best results are obtained from remedies in cases of adenoids until after the removal of the adenoid.

Dr. J. B. G. Custis suggests the use of Bromine, or possibly Chlorine for cases of tracheitis. He also spoke of Kali bichromicum and Rumex as also having been useful in the classes of throat trouble prevailing this winter. For adenoids he spoke of Nitric acid. He believes that if children are treated properly for various throat troubles with homœopathic remedies, there will be no adenoids for the surgeon to remove. He favors the above remedies in the 2d potency or higher.

THE NECESSITY OF AN EARLY DIAGNOSIS IN THE CURE OF TUBERCULOSIS.

BY JOHN E. WHITE, M. D., MEDICAL DIRECTOR NORDRACH RANCH, COLORADO SPRINGS, COLORADO.

Since it is now generally conceded that tuberculosis is curable and only curable in the incipient stages, it becomes necessary for us, as physicians, to makes a diagnosis as early as possible. There no longer remains an excuse for our calling it malaria, chronic bronchitis, stomach trouble or anything else except its true name. By making a mistake, or failing to recognize this most prevalent of diseases, we allow a patient to drift to a point where nothing can be done.

Every cough lasting over two weeks, whether it be slight or otherwise, should be thoroughly investigated. It requires no great amount of skill to make or to have made a microscopical examination of the sputa, and it will give many a patient a fair chance for his life.

There is no disease more prevalent and at the same time in which more mistakes as to diagnosis are made. These mistakes are not made by the most inexperienced, our busiest and most skilful physicians are just as liable to err.

A temperature, no matter how slight, at either 3 or 8 P. M., when found with cough and loss of flesh, should always be regarded as suspicious, and it is an easy matter to either prove or disprove this suspicion.

If one is not prepared to do microscopical work and the physical signs are not positive, the sputa should be sent to one doing the work. If the first examination of sputa fails, as it often does, to reveal bacilli, the matter should not be dropped, but a second and third examination made; or, for that matter, repeated examinations should be made at frequent intervals, for it is a safe wager that bacilli are present. Even though the microscope fails to reveal the germ, as it occasionally but not often does, the tuberculin test can usually be depended upon to make a diagnosis.

We are too apt to cling to the old worn out theory of family history, and upon this ancestral history make our diagnosis. The cases of tuberculosis that we come across nowadays usually have extremely clean family histories. The only influence or danger one's family has with a given case is one of direct contagion. The presence of bacilli are, of course, prima facie evidence of tuberculosis, and it matters not in which lung, or in which part of the lung, the bacilli are located. The fight must begin, and the earlier they are discovered the more chances of recovery has the patient.

Of the early physicial signs that are always suspicious, perhaps none stand out more prominently than increased vocal fremitus and prolonged expiration. These two physical signs may be present

long before the ear can detect the faintest rales or moisture.

If a case has cough, slight temperature, loss of flesh, but microscope fails to reveal bacilli, and the physicial examination shows increased vocal fremitus and prolonged expiration, it is usually safe to say that it looks very suspicious, indeed.

The most prevalent location for an early tubercular process is the septæ between the upper and middle lobes on the right and the upper and lower lobes on the left, and in both places posteriorly. Many times rales, etc., will be found at one of these points, when the rest of the chest will show nothing. In order to bring out fine rales at these points, have patient place the hand on opposite shoulder and raise the elbow high, in order to raise scapula away from place to be examined. Many times faint rales can only be detected when scapula is removed in this way, for the interlobar septa cannot be followed along its course. This small area on either side I have found to be the first place involved in the majority of cases, and the last place to clear up if a cure is established; and, of course, we all know that the right lung is most often involved.

Nature establishes a cure by encapsulation, or walling off of the diseased area; in other words, the bacilli are boxed up, and the permanency of a cure depends upon the firmness of this capsule. One has just as many bacilli, perhaps, the only difference is they are confined and not passing over healthy tissue, endangering it. If nature encapsulates, it is only a question of time before nature will also thoroughly obliterate the tubercular area by either calcareous degeneration or by fibrosis. This being the case, a cure depends entirely upon the size of the area encopsulated. If an early diagnosis is made, it is a quick and easy process, but if the disease has been allowed to involve perhaps the whole upper third of one lung, or the formation of a good sized cavity, the prognosis is more uncertain.

Before the disease has reached this point a long time has usually elapsed, during any part of which a positive diagnosis could have been made and the disease arrested. I do not mean to say that all cases could be arrested by earlier diagnosis, for some will go down in spite of the fact that they were discovered early.

I know positively that the climate of Colorado (especially at Colorado Springs, where the best all around conditions exist), with its altitude, dry air and sunshine the year around, together with a sanatorium life, will cure 80 per cent. of first stage cases; but how very few such cases we meet. And even these many times upset a good cure by returning home a few months too soon. A case is not cured until bacilli have failed to appear in sputum for at least six months; and, if the rule of not sending or allowing patients to return home until this had been the case was followed, we would see but very few relapses. There is no excuse in my mind for a patient to relapse by returning home too soon. We have a positive way of telling when a case is cured, and we also know that nearly every case going home before this cure has been established relapses and rarely recovers his health the second time, either in Colorado or elsewhere. Wherever and whenever a consumptive is doing well there he should remain until all evidences of the disease have been eradicated. It is not sufficient to say that when the cough has practically stopped a normal temperature has been reached, increased weight, etc., that a case is cured; the bacilli must disappear from the sputum. Every time a consumptive has a relapse it means more lung involved, with the corresponding increase of time to encapsulate. Talk with the majority of far advanced consumptives, those who do not recover in Colorado, and you will learn that they nearly all came to Colorado, but returned home too soon; it is their second trip, they did not know enough to clinch a cure when they had it.

The impression seems to be prevalent with physicians, in the lower altitudes, that when a patient is cured in an altitude he must always remain where he was cured, but I do not agree with this idea; when one is really cured, and has lost his bacilli for a certain length of time, I believe he can return home with safety. My belief is based upon an actual experience of eight years at Colorado Springs. In order to remain home free from trouble, one must learn or profit by the experience he has had, otherwise he will relapse; he must avoid everything that would tend to lower his vitality or break open the capsule. We cannot too emphatically urge the more general use of the microscope in making early diagnoses, and in establishing the presence of a cure. Until it is universally used, cases are bound to be misguided and misjudged. There are many cases in which a complete cure cannot be looked for on account of too late a diagnosis. There is too much territory involved to be completely encapsulated. Large cavities never do obliterate, but it is possible for such cases to live for many years in an altitude.

Here in Colorado all the little air vesicles are kept open and bacilli do not find a favorable field for lodgment, but let these same cases go into a low altitude, the air vesicles collapse again and the bacilli rapidly spring into activity. I have repeatedly examined old, dry cavities that have contracted partially and been inactive for years. Many of our old citizens at Colorado Springs are just such cases, but they have been in active business for perhaps years. Occasionally we notice one of them returning to a low altitude; it is always attended with danger, no matter how many years have elasped, the tubercular area has not been encapsulated and never will be.

Colorado Springs will not perform miracles, and the time has arrived when physicians must understand what we can do and what our climate will not do. An intelligent selection of all cases should be made, and each case told just what to expect, whether a cure sufficient to allow returning home again or whether he will have to remain in Colorado indefinitely.

There are two classes of cases above all others that should not be sent to Colorado, the far advanced and the extremely poor in pocket-book; neither can recover. The lack of finance and the worry in consequence more than counterbalances one's chance of recovery. A home, no matter how humble, can at least furnish rest, milk and fresh eggs. I have seen many a poor fellow die from

lack of a few dollars to buy these most necessary articles. One must have sufficient funds to lead a life of extreme ease, free form work, worry or other care until cough, temperature, weight, strength, etc., show that the disease has been arrested; then, and not until then, can the patient begin to think of work.

Strange as it may seem, the extremely rich have just as few chances of recovery as the extremely poor. It is largely in the middle class that cures are found. The poor cannot and the rich will not do the things they ought. The poor man's garret is no more apt to be poorly ventilated and free from sunshine than is the richly furnished boudoir of the rich man. Tubercular patients must be made to lead well regulated lives in the open air, otherwise they are just as liable to die in one place as another.

At Nordrach Ranch an analysis of the first hundred cases shows that but eight were in the first stage of tuberculosis. All the rest showed evidences of cavity, mixed infection, bowel or throat complication, and for this state of affairs I can see no excuse.

Early diagnoses could have been made in every case and the percentage of cures increased accordingly by so doing. Many times a physician is not to blame, the family will not believe, or will refuse to follow his advice. A patient should always be told that he has a disease that is practically incurable under all ordinary methods of treatment, that there is no specific medication, and his chances of cure will depend almost entirely upon himself and how faithfully he follows the open air treatment in all of its details. He must be told that there is not a minute to lose, and the sooner he gets down to business the more certain are his chances of recovery. All work and plans for the future must be cast aside for the present, the main occupation from now on is to get well, and this occupation is rarely successful when combined with another. This occupation of getting well, or the cure as we say, can be most certain of success in a well regulated sanatorium. Here the whole life of the institution is especially regulated to meet every requirement of a tuberculosis patient, and no hotel, boarding house, restaurant or home can compare with or promise more chances of recovery. If this sanatorium is located in an ideal climate like that of Colorado Springs then really wonderful cures can be expected, but it all depends upon early diagnosis, for we do not claim in Colorado to return the dead to life.

SOME EXPERIENCE IN THE PROPHYLAXIS OF VARIOLA.

BY J. J. DAVIS, M. D., RACINE, WIS.

The recent epidemic of small-pox in Racine has given me opportunities to test the prophylactic power of Variolinum. In all families to which I was called because of the presence of one or more cases of variola I have given the remaining members, and others exposed, Variolinum, and in no instance was there an additional case of the disease after beginning its use. I am therefore led to believe that it is an efficient preventive and that it has advantages over vaccination in greater certainty and rapidity of action, as well as in not producing any illness or lesion with attendant or subsequent dangers.

There are two questions, however, which should be definitely settled and regarding which the profession should furnish data as soon as possible. The first is in regard to dosage. I used only Variolinum 30th. In the earlier cases I gave a daily dose during the period of exposure. Very soon, however, I decreased this to three successive daily, followed by semi-weekly, and in the later cases by weekly doses.

As susceptibility to small-pox and to Variolinum should be proportional, it ought to be possible to attain a definite dosage for all cases. If this could be a single dose it would have manifest advantages.

The second point is as to the duration of the prophylaxis. In this important matter my observation has, as yet, given me no data, and I am not aware of any published observations that would assist in determining the length of time immunity produced in this way remains, although the matter is a very important one.

In regard to the effect of Variolinum upon subsequent vaccinasis I learned nothing definite, but received the impression that it has little or no effect, which I take to indicate that vaccinasis is not a class similar to variola.

ADDISON'S DISEASE. (Bronzed Skin Disease.)

BY H. E BEEBE, M. D., SIDNEY, O.

Is not this disease more common than is realized by most of us? If so, why? Because the symptoms are largely negative, much of the knowledge regarding it is obscure, and we expect symptoms that are not found.

Eighty years ago the first recognized case of Addison's disease was recorded. The patient was an unmarried woman, twenty-five years of age, who died in convulsions analogous to epileptic. The peculiar feature of the autopsy then attracting attention was the nerves forming the supra-renal plexus were thickened, and the adrenal capsules had degenerated into tubercular substance. No change in the skin pigment is recorded, and not until the fifth case cited is the bronzing mentioned.

Addison's work, "On the Constitutional and Local Effects of Disease of the Supra-Renal Capsule," was published in 1855. He was the first writer to detect the relation between the constitutional symptoms of the affection, the peculiar pigmentation of the skin and the structural changes in the supra-renal capsules. Of his eleven recorded cases, five are now known to have been different diseases, and of the remaining six, four were uncomplicated and two complicated with other affections.

As to the etiology, his belief was that it is due to adrenal inadequacy, a lack in supply of adrenal secretion. The same theory that is advocated today by many authorities, though a few distinguished pathologists restrict the pathogenesis to a tuberculous inflammation of these glands.

There are considered two principal theories of the pathogenesis of this disease: the nervous theory and the theory of Addison's; adrenal inadequacy. Are they not both correct, or one and the same?

The inadequacy being due to the derangement of the abdominal sympathetic, particularly some of its branches, the leading one being the pericapsular ganglia of the adrenals. The question in controversy is which takes precedence, the adrenal nerves or the solar plexus as a whole?

The disease is apparently due to impaired nutrition, a deficient organic nerve power of some sort. The pericapsular ganglia, the direct organic nerve supply of the adrenals, is extensive, and is associated immediately with the solar plexus and renal ganglia. By reason of this abundant supply of organic nerves some one has even gone so far as to advance the theory that the origin of the sympathetic nerve is in these ductless glands.

The anatomy of these structures show that before the nerves enter the cortical portion of the gland there are many ganglionic cells in their course, and their nerve fibres are chiefly medulated. This looks as if these cells have an organic connection with the gland, at least they govern its secretion and certainly they have something to do with the nutrition of our bodies.

Addison showed the importance of these glands in relation to nutrition, and that their pathological alterations are connected with asthenia and the bronzing of the skin and mucous membranes. Brown Sequard, in 1836, showed that by removal of these glands we get practically Addison's disease, though more acute in loss of vascular tone, anorexia and general prostration.

While the exact function of the adrenals is not known, it is established that they elaborate some material which is very different from any found in the blood of animals deprived of these capsules. The intravenous injection of the adrenal extract is most active in its physiological working, particularly on the circulatory system. It acts as a stimulant to the cardiac ganglia and is under nervous control.

This disease is usually defined about as follows: "A disease characterized by progressive asthenia, digestive disturbances, pain and tenderness chiefly seated in the epigastric, hypochondriac and lumbar regions, and an abnormal pigmentation of the skin and mucous membranes." (Ref. Handbook.)

Clinical observation hardly bears out this definition, for, aside from the progressive asthenia which is always present, the pathogenetic symptoms are commonly few, and, while the other named symptoms in this definition may be present, they are just as liable, and more so, to be absent, unless it be late in the history of the case, and even then different features may develop.

Progressive asthenia cannot be deemed truly a pathogenetic symptom, for it, too, accompanies many chronic maladies. Therefore, the leading feature of this disease is decidedly the absence of positive symptoms. The bronzing of the skin and tuberculosis as a basis of its diagnosis are deemed by many rather over-estimated. Certainly obscurity clouds much of the knowledge.

The anæmia is not present in sufficient degree to account for the profound asthenia. This is probably due to an irregular distribution of the blood, to its accumulation in the enormous district of the abdominal vessels. The debility and languor, the asthenia, is not marked with diminution in the volume of muscular and adipose tissue, as in most anæmic troubles. The bronzing when present varies in different cases from partial, and in patches in early stages to covering entire surface, and upon patches on visible mucous membranes. It may be from a dingy brown hue to a dark-like walnut stain. There are no characteristic changes in the urine. Neither does the temperature present anything characteristic, for there is seldom any fever. There is no great loss of adipose throughout the entire course of the disease. Altogether the leading feature of the affection is that the prominent symptoms are either inconstant or negative, the majority of them being referable to the nervous system, and these are dependent upon a defective or irregular supply of blood.

The diagnosis is plain when the discoloration of skin and mucous membranes is present, and the disease is primary, with marked constitutional symptoms, for there are a few such cases, but they are not a majority. The diagnosis is oftener made by the exclusion of other wasting diseases, especially cancer of the abdominal organs and progressive pernicious anæmia. There is a similar skin discoloration in amyloid disease of the kidney, in chronic malaria, in pigmentary syphilides, in chronic peritonitis and some other constitutional maladies. Though the bronzing of the skin is an important diagnostic feature if present, yet its absence may mislead the clinician; then it is not as important as the characteristic asthenia, with its general languor and debility, remarkable feebleness of the heart's action, with an anæmic condition, however, more apparent than real. Anæmia is not present in sufficient degree to account for the profound asthenia, since the microscope shows the red corpuscles to be normal, while the white cells may or may not be slightly in excess.

The prognosis of this disease is most unfavorable, though it does take on a remittent character that sometimes deceives the friends and even the physician, for a stage of exacerbation may be followed by a prolonged period of remission. The apparent improvement is too often attributed to remedies used, when it is the natural course of the disease.

The treatment is general therapeutic measures, called for as complications and modifications arise. First, the cessation of all work, and rest in bed during the periods of exacerbation is absolutely required. Remedies to allay irritability of the alimentary canal are often indicated, according to the homœopathic indications. The diet must be simple and nourishing, such as not to overtax the digestive functions. The adrenal extract is now used by some as a specific, on the theory that the disease is chiefly due to suppression of function of adrenals, but more time is required to fully verify its claims. Let us hope for the truth of all it promises.

Permit the report of two cases, where the diagnosis was proven by autopsy, there being nothing certain before death to render this positive. The symptoms present with both patients were markedly obscure, particularly so when compared with leading authorities.

Case I.—Mrs. Y., aged 59 years, at death, May 13, 1901. Having been the family physician for thirty years we knew her history well. She had average health until one year before death, when decline was apparent, manifest by asthenia and persistent neuralgic pains throughout the body, worse in the sciatic nerves and lumbar region. This was followed with hepatic engorgement and the usual pains therefrom. Some symptoms of gall-stones, but not aggravated. No bronzing of the skin, though an anæmic complexion existed.

The last six months some alternation of diarrhœa and constipation. No stomach derangement whatever and a most ravenous appetite all the time, with good digestion, for she could eat and relish all kinds of food. Her sleep was natural and refreshing. The urine was normal, though urination was frequent. No pain in the abdomen and no nausea or vomiting till the last few days of her life.

Addison's disease was not even considered until a few weeks before death, believing her to be a sufferer from abdominal malignant disease of some sort, but just where was unable to determine, remembering well Tait's saying: "Exact abdominal diagnosis is an impossibility, and he who asserts to the contrary is either rash or inexperienced."

Autopsy revealed gall stones, but this is believed to have had little or nothing to do with her death, knowing that gall stones are very often found at autopsies when least expected. The supra-renal capsules were wholly degenerated, with no tubercular indications, and the adipose and muscular tissues were very little lessened. All other organs and tissues of the body were reasonably well preserved, hence there was not much emaciation, as we would naturally expect from the great weakness and apparent anæmia.

Case II.—Mr. C., an industrious farmer, 62 years old, exceptionally good family history, died July 22, 1903. Having also been the family physician here for about the same length of time as in the previous case, I knew that while he never had been a rugged man he was in fair health until July, 1902, when I began to treat him for this trouble. He was under my care for about three months, when there was a decided improvement. At first I diagnosed cancer of the stomach, as symptoms I thought denoted malignancy. He had great loss of appetite, aggravated constipation, pains in the epigastric region, an apparent cancer cachexia, not a bronzing of the skin, for he never had any pigmentation of the skin whatever. There was extreme asthenia and the prostration was most intense.

He improved under treatment, and much to my surprise came to the office a number of times during the winter and spring from his home, eight miles in the country.

I now changed my diagnosis to progressive pernicious anæmia, and held to that opinion until after the autopsy, which revealed the same as case No. I.

The remission in the history of this case should have led me to think of Addison's disease, but I confess I did not. He was under Dowie's treatment for a time, and that was believed by some to be surely curing him, but in time this absent treatment, for he never saw Dowie, failed to do for him as much as my treatment had done. His second decline began about March, but I was not called again until a few days previous to his death.

The autopsy revealed destruction of the supra-renal capsules, while all the other organs were about normal.

Now these clinical cases lead us to believe the pathogenetic symptoms of Addison's disease are largely negative, and that most of the symptoms are usually quite obscure. Should our judgment be otherwise?—[Miami Valley Homœopathic Society.]

ALBUMINURIA AFTER ACUTE NEPHRITIS.

BY CLIFFORD MITCHELL, M. D., PROF. OF RENAL DISEASES CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

It may happen that, after a person apparently recovers from an attack of acute nephritis, albumen is found persistently in the urine for some length of time. The question then comes up as to whether recovery has really taken place or whether an insidious chronic lesion is being established. The following cases are interesting in connection with this question:

On the 19th of January, 1894, I examined the urine of two children who had scarlet fever about the same time, and who came down later with acute post-scarlatinal nephritis. One child was a boy about ten years of age, the other a girl of thirteen.

The cases were much alike. Each one began gradually with backache, frequent urination, a slight lessening in the total amount of twenty-four hours' urine, with presence in it of a little albumin, a few hyaline casts and blood corpuscles, and progressed to a crisis about the tenth day, when the urine was scant, six or eight ounces only, bloody, loaded with albumin and containing numerous hyaline, epithelial, leukocyte and blood casts, while at the same time the patients were œdematous, waxy and more or less uræmic.

Both recovered without serious disturbances other than above noted at the end of four or five weeks. Albumin soon disappeared from the urine of the boy, and it became normal. In the case of the girl the urine all through the attack contained a good many leukocytes, which remained fairly numerous after the casts had disappeared. Albumin also persisted in small amount.

I examined the urine of the girl frequently during February, March, April, May and June, and always found albumin in small amount. In June the leukocytes had disappeared, but the albumin still persisted. At my suggestion she was taken to a summer resort, and I did not see her again until September, by which time the urine had become entirely normal.

The girl has now grown up, and I am told by her father, who is a physician, that in the ten years which have elapsed she has had no recurrence of the nephritis and is in good health. In this case, then, slight albuminuria persisted for at least five months from the time when it was first detected without the establishment of chronic nephritis.

I have since seen one or two other cases in children in whose urine after apparent recovery from acute nephritis albumin without casts could be found for several months without development of a chronic lesion.

I think, therefore, that the persistence of a small amount of albumin for several months should not cause us uneasiness if it is unaccompanied by casts. Nevertheless I deem it wise to keep the child under observation as long as the albuminuria lasts, and not to allow too much freedom in the matter of diet and exposure.

When, however, it is a question of the acute nephritis, so-called, of pregnancy, especially if accompanied by eclampsia, the condition is quite different. In my *Bulletin* for January, '04, I published an account of a case in which a woman, primipara five years ago, showed a large amount of albumin in the urine a week before confinement, had one convulsion, and, labor being induced, gave birth to a still-born child and recovered.

I examined the urine of this woman repeatedly after confinement: Albumin and casts gradually grew less in amount; the casts finally disappeared, but it was nearly eight months before the albumin left the urine.

During the next four years the urine was normal and the patient in good health. She recently became pregnant again, and, now being in the seventh month, is œdematous and has albumin in the urine quite abundantly (second mark in Esbach tube), together with hyaline casts. Without having developed any apparent chronic lesion she nevertheless has a recurrence of the same acute lesion as before.

What is the relation, if any, between the acute "nephritis" of pregnancy and the development of chronic nephritis later in life? Pathologically we can see no necessary relationship. The following case, however, has set me to thinking in regard to this question. Less than two years ago an oculist referred to me a woman going through the change of life, who had developed retinitis albuminurica. Physical signs and the symptoms suggested contracting kidney, and the urine presented the usual features of this disease. In looking up her history I found that she had suffered from puerperal eclampsia seventeen years previously at the birth of her last child. She died from uræmic coma within the usual two-year limit of cases when there is albuminuric retinitis.

The development of contracting kidney may, of course, have had nothing to do with her "kidney trouble" at the time of confinement, but it seems to me that it will not be without interest to watch the effect of the menopause hereafter in the case of women who are known to have had convulsions when in the puerperal state.

PERSPIRATION.

BY N. W. THOMPSON, B. S., M. D., DETROIT, MICH.

Perspiration, or sweat, is one of the glandular secretions of the body. It is excretory in character and is a product of the respiratory or sweat glands from which it is eliminated onto the skin.

Before we go any farther let us take a glance at the anatomy and physiology of the skin, paying special attention to the sweat glands.

The skin is composed of epithelial cells arranged in layers, resting on a foundation of connective tissue. The epithelial cells form the epidermis or protective layer, in which is the coloring matter; and the connective tissue cells from the cutis vera or true skin, in which are the mair follicles, sebaceous and sweat glands, nerves, blood vessels and lymphatics, which bring the nourishment to the skin.

The sweat glands are found deep down in the cutis vera, and are very much convoluted, being twisted up in a knot like an angle worm that one finds in the ground in dry weather. The duct of the gland leads upward first in wide spirals, then straighter, as though stretched out through the epidermis, finally opening onto the skin. The glands are microscopical in size, but very numerous, one authority placing the number at 3,500 in a square inch of skin, giving a total of 7,000,000 in an average sized man; so that, although small in size, their number gives them great importance. They rank as the second of the three great excretory organs, the kidneys being the first and the lungs the third. They are found all over the body, being especially numerous in the palms of the hands, soles of the feet, arm pits and face. Their work is to eliminate some of the moisture of the body, and they are constantly at it. The moisture or perspiration thus given off has been classified as of two kinds, insensible and sensible perspiration. When the amount is so small that it is not noticeable, it is called insensible perspiration, but if the air is already full of moisture, or we exercise vigorously, or the temperature is quite high, causing us to perspire freely, the amount being noticeable, we call it sensible perspiration.

The amount of these two kinds of perspiration given off in a day is much greater than one would think, one authority placing the average at thirty-three ounces. This varies, of course, according to the life and habits of the individual and the kind and amount of food and drink used.

The perspiration itself is a clear, colorless fluid, salty in taste, containing from one to two per cent. of solids, of which one-third is sodium chloride, the other two-thirds being fatty acids, neutral fats and a trace of urea. It is alkaline in reaction.

The preceding statements all have reference to normal perspiration. Now let us consider the abnormal or diseased conditions of these glands, of which there are several; hyperidrosis, or excessive sweating; anidrosis, absence of sweat; dysidrosis, vesicular eruption of the ducts; osmidrosis, odorous sweat, an aggravated form of hyperidrosis; chromodrosis, colored sweat, and hæmatidrosis, bloody sweat. The most important of these, and the one we shall consider, is hyperidrosis.

This condition may be a symptom of a general disease, as pneumonia, phthisis and rheumatism, or a local disease affecting more particularly the face, hands, feet and arm pits. Its real cause is as yet unknown, but is probably due either to a disorder of the nervous mechanism controlling the glands or to a chronic enlargement of the capillary blood vessels of the part involved, due to heavy clothing.

Hyperidrosis is very annoying and at times very harmful, especially in winter. People suffering from this trouble are never at ease. If the hands are involved, the palms are cold, clammy and moist, so that one has to keep a handkerchief constantly in the hand, gloves being no protection, as they are soon wet through; if the feet, the shoes prevent the evaporation of the moisture, which decomposes and becomes more or less odorous and by irritation may cause eczema or intertrigo; if the arm pits, the disagreeable features are not quite so marked; still with ladies, and even some men, it necessitates the wearing of shields to protect the clothing, as the perspiration will stain and rot most fabrics, and on black will leave a white deposit. The odor in these cases, too, is very disagreeable, and owing to the parts being constantly moist, the danger of catching cold is greatly increased, giving a good start for pneumonia, la grippe and other winter diseases.

The treatment of hyperidrosis is generally local in character. Cleanliness is the first requisite, daily bathing of the affected parts being necessary, followed by the application of an astringent, which may be in powdered or liquid form, or as an unguent. The dusting powders recommended are lycopodium, talcum, salicylic acid, boracic acid, bismuth, magnesia and alum. The liquids may be alcoholic or aqueous, and those recommended contain bichloride of mercury, tannic acid, ferric sulphate, turpentine, zinc sulphate, alum, permanganate of potassium and formaldehyde. The unguents may be made up of such astringents given above as will allow a mixture with mutton suet, which is the best base for these unguents.

The liquids are to be preferred, as they are easier to apply and are more direct in their action, besides they do not soil the clothing.

Among the laity it is considered quite harmful to check perspiration, and so it would be if the body as a whole is considered, but as Gottheil, an authority on skin diseases, says, the checking of perspiration in small areas and the use of local astringents for that purpose is not harmful.

The internal remedies are Baryta carbonica, Calcarea carbonica, Carbo vegetabilis, Graphites, Iodium, Kali carbonicum, Lycopodium, Nitric acid, Petroleum, Sepia, Silicea, Sulphur, Thuja, Zincum.

Psychology.

THE NEW PSYCHOLOGY.

BY J. D. BUCK, M. D., CINCINNATI, OHIO.

Psychology means a knowledge of the Soul. As related to thought, the soul is the Thinker; as related to feeling, the Feeler. That in us which thinks, feels, wills, desires and acts is the real self, the soul. We have direct knowledge of the soul through persistent conscious self-identity. This self-identity colors all our thoughts and acts; hence the term "Ego," is a synonym for the soul.

It is true that the Thinker is involved with his thought; the Actor with his act, and the habit of many writers has been to lose sight of the Thinker entirely by confusing him with the thought..

Then, as the brain is the organ through which thought is manifested on the physical plane, it has been seemingly imagined that the brain does the thinking. So thought has been imagined to be the function of the physical brain, and I have heard it stated "that the brain secretes thought, just as the liver secretes bile." But thought is in no such sense a secretion, and in all such crass statements the Thinker is left out of account entirely.

Most of the latter day metaphysical teaching and Christian Science doctrines makes the Ego nothing but the intellectual process, and utterly confounds the Thinker with the thought. Their favorite expression is, "Man is all mind," which is not only not true, but utter nonsense.

Medical writers have generally held all intellectual activities, and all conditions and acts of the Ego to be simple functions of the nervous mechanism. Hence psychology was held to be the physiology of the brain and nervous mechanism. Only recently have we had any medical work in English wherein a distinction is made between mental and nervous diseases that was at all in keeping with any rational psychology. Real psychical phenomena have thus been warped entirely out of place, to fit this materialistic mental physiology. In other words, we have really had no psychology at all, in the sense of a knowledge of the soul.

At the present time the new psychology is rather foreshadowed than formulated.

Prof. Ladd, of Yale University, defines scientific psychology to be "The Study of the Content of Consciousness." The states, the conditions, the changes in, and the facts of consciousness. Little account is taken of the Thinker, without which thought is inconceivable. So also with consciousness. It is unthinkable without some one, viz., the Ego to be conscious.

I hold that the facts of consciousness and all conditions or changes therein always concur in direct relation to the thinker or Ego, and that when we study them we should never lose sight of this fact. In other words, we shall make little real progress in the knowledge of the soul, if we divorce the Actor from his act, or the Thinker from the thought. They are always related as cause and effect.

As the result of certain experiments, notably with Mrs. Piper the psychic, and many others, new terms have been introduced into modern literature on psychology. The expression "Subliminal Consciousness" and "Subconscious Self" are among these terms.

Prof. William James, of Harvard, says, in his recent Gifford Lectures, "The subconscious self is nowadays a well-accredited psychological entity." This, he says, is "on the hither side, the subconscious extension of our conscious life."

And again he says: "In persons deep in the religious life, the door into this region seems usually wide open; at any rate, experiences making their entrance through that door have had emphatic influence in shaping religious history."

The time accorded me will allow of no further illustration or quotation.

Here lies our theorem for the new psychology, viz., in the expansion of the boundary of consciousness and in the recognition of other than the ordinary states or planes in which experiences of individuals are as valid as are those within the ordinary planes to ordinary individuals.

Coming back now to the ordinary individual, and the experience of the conscious self, and starting with "the Ego and its states of consciousness" as empirical facts in the life of every one, in the new nomenclature we have "the conscious self" and the "subconscious self."

The first pertains to the ordinary experiences of life; the inner world of ideas, and the outer world of things. But with the subconscious self these boundaries are often altogether transcended. Our old horizons disappear. Space and time elude us. Previous experiences on the outer plane seem to have no co-ordinate relation to these new experiences. It concerns us not at all, in this discussion, to inquire what is therein or thereby revealed, as we are studying facts and conditions of consciousness, and in this larger view our knowledge of the Ego and its states of consciousness are immeasurably expanded.

We arise from such study with our knowledge of the human soul enlarged, and far more definite.

The mask of the real man that we call "the personal equation" falls off. The limits of the physical body are transcended, and there are revealed as existing in the nature of man powers and attributes that are co-ordinate with the inner or spiritual world. All our experiences on the outer plane, with the conscious self, are related to mass and motion, space and time. We become conscious of the diversity of nature through the agency of the senses, and are subject to error and illusion. We have to adjust all that we see, hear, taste, touch or feel, to past experience through reason and judgment, modified by desire and self-interest. We thus arrive at opinion or belief; but, at best, only partial knowledge.

With the experience of the "subconscious self" all this is changed. Here, direct perception is the rule,* and there is neither doubt nor uncertainty in the soul so perceiving.

Real knowledge flows into the soul, and it never occurs to one having such experience to doubt it. Neither can these find language adequate to express this new experience.

Here is not an expansion of ordinary intelligence, but the realm of intuition and the abode of truth, and, as already said, it changes entirely our concept of the Ego and its states of consciousness. In other words, it expands and illumines our knowledge of the human soul.

A few words now in regard to the term, "Subconscious self."

Every careful student of physiology is aware that all the organic functions are subconscious and largely automatic. Digestion, circulation, respiration, assimilation, etc., are automatic; they go on while we sleep, or are otherwise occupied. Furthermore, there is an organic consciousness and intelligence underlying all these processes, otherwise we could never explain their continuance and co-ordinate harmony resulting in what we call health.

Here, indeed, is the subconscious self.

But the mental and psychical phenomena to which I have referred transcended all these, and transcend also the ordinary realm of thought or conscious mental experience. They are, therefore, not sub-conscious, but supra-conscious. It is as logical and as rational to recognize experiences above the ordinary plane as below it.

The real question is, which term fits the case and really contains the facts.

We have then arrived at the recognition of three planes of consciousness; that if the conscious self, that of the subconscious self, and that of the supra-conscious self. Yet the self is one, and in none of these varied experiences does man lose his conscious self-identity. He realizes the validity of each and all of these experiences.

Starting thus with the empirical fact of the Ego and its states or planes of consciousness, and recognizing as equally valid the conscious, the sub-conscious and the supra-conscious self, or plane, and we have for the first time in the history of modern civilization a broad philosophical basis, and an exact scientific method for the study of psychology,—psychology as a real knowledge of the human soul, and not merely the physiology of the nervous system, or the kinetics of the physical brain.

The average physician today knows almost nothing of mental diseases, simply because he is wholly ignorant of psychology.

Mental diseases are a standing reproach to the medical profession.

What would we say of the doctor who undertook to treat physical disorders totally ignorant of every principle of physiology. The case is not better, but worse, when we come to mental diseases, for the whole subject is more subtle, complicated and difficult.

Moreover, general hygiene and preventive measures regarding physical diseases have made great progress in recent years. But we have done absolutely nothing in this direction regarding mental disease. Hundreds of volumes have been written to tell people "how not to be sick," but not one "how not to be insane." On the contrary, while the seeds of insanity are often sown in childhood, we promote its consummation ten thousand times, where once we judiciously prevent it. These facts ought to gag every one calling himself a physician, who would taboo such discussions as being transcendental or impractical. The general ignorance at this point is the darkest blotch on the medical profession today.

A vigorous pursuit of the new psychology will, I think, alone remove this reproach.

*Leibnitz called it—"apperception"—like all the senses acting as one, and instantly.

Arsenic and Immunity.

The Arsenic eaters of Styria were long lived and peculiarly exempt from infectious diseases, fevers, etc. In times of epidemic cholera they never took the infection.

Legislation.

LEGAL RESPONSIBILITIES OF THE SURGEON.

BY D. K. BARD, M. D., IOWA CITY, IOWA.

A surgeon is one who applies the principles of the healing art to external diseases and injuries, or to internal injuries or malformations requiring manual or instrumental intervention.

Bouvier's Law Dict., Am. and Eng. Ency. of Law.

In a state of society a man's right to the absolute control of his own body is limited only by the equal and coextensive right of every other man. This is fundamental.

From this it follows that any operation involving in any way the integrity or continuity of a person's body without his legal consent, or in the absence of a grave emergency in which case his consent would be presumed in law, would be an assault upon this elementary personal right.

Any deceit or misrepresentation on the part of the surgeon as to the necessity for an operation, and by which consent is obtained, will render him liable under the general law of fraud for any injury sustained by the patient.

Hudin vs. Minneapolis Med., etc., Inst., 62 Minn., 146.

A physician or surgeon is bound to possess and exercise the ordinary skill and knowledge of the members of his profession generally at the time and in similar localities.

Small vs. Howard, 128 Mass., 136.

This skill and knowledge must be measured by the average advance of the profession at the time.

McCandless vs. McWha, 22 Pa., 261.

It would be manifestly unjust to subject a course of treatment to the requirements of a different school of practice from that to which the surgeon belongs. Therefore, the skill and knowledge of a physician or surgeon is to be tested by the principles of the school to which he belongs.

Bowman vs. Woods, 1 Iowa (Green), 441.

To constitute a school of medicine it must have rules and principles of practice for the guidance of all its members, as respects principles, diagnosis and remedies, which each member is supposed to observe in a given case.

Nelson vs. Harrington (Wis.), 1 L. R. A., 719.

The surgeon is not bound to exercise the highest degree of skill.

Smothers vs. Hanks, 34 Iowa, 286.

Unless by express contract he will not be held under contract to cure.

Becke vs. Janinski, 15 N. Y. Sup., 675; Sanderson vs. Holland, 39 Mo. App., 233.

Failure to accomplish the desired result is no cause for action of itself if the surgeon shows no lack of the usual care and skill.

Rowe vs. Lent, 42 N. Y., S. R.

The mere fact of departing from usual methods of treatment does not show want of skill. But the surgeon must not resort to mere experiments.

Burnham vs. Jackson, 1 Colo., 227.

A surgeon is not responsible for errors of judgment or mistakes when there is ground for difference of opinion, if no lack of skill and care is shown. Id.

The surgeon is not liable for a peculiar condition of patient in other respects than that for which he is called, unless he did not possess such a reasonable degree of learning and skill as is requisite for the practice of his profession, or did not exercise his best judgment and ordinary care and diligence to discover whether such condition did or did not exist. If examination and tests were made for such condition, and it was not discovered, the surgeon is not liable if the condition was later found to exist and injury resulted therefrom.

Langford vs. Jones, 18 Or., 307.

The nature of the case determines the degree of care and skill required.

Hesse vs. Knipple, 1 Mich., 109.

A surgeon must give proper instructions as to care of patient in his absence, and, if for lack of such instructions, injury results, he is liable.

Beck vs. German Klinic, 78 Iowa, 696.

If death occurs through criminal negligence, the case is manslaughter.

Reg. vs. Crick, 1 F. and F., 519; Heyatt vs. Adams, 16 Mich., 198.

Criminal negligence is a matter for the jury. Above citations.

Also Rex vs. Williamson, 3 C. and P., 635.

Criminal negligence exists where the surgeon exhibits gross lack of competency.

Reg. vs. McLeod, 12 Cox C. C., 534.

Gross inattention.

Rex vs. Williamson, above.

Criminal indifference as to safety of patient. Above citations, also Com. vs. Pierce, 138 Mass., 165.

This may arise from his gross ignorance of the science of medicine and surgery.

Rex vs. Long, 4 C. and P., 398.

From his gross negligence in the application and selection of remedies. State vs. Hardister, 38 Ark., 605. Lack of proper skill in use of instruments. Reg. vs. Spillings, 2 M. and Rob., 107. Or through failure to give proper instructions. Reg. vs. Chamberlain, 10 Cox C. C., 486.

The same degree of care and skill is required of a surgeon through his services are gratuitously rendered.

McNeyins vs. Lowe, 40 Ill., 209.

The burden of proof is on the plaintiff to show lack of care and skill.

State for Janney vs. Housekeeper, 2 L. A. R., 587; Baird vs. Morford, 29 Iowa, 531.

The physician or surgeon is chargeable with knowledge of the probable consequences of an injury or of neglet or unskillfulness in treatment.

Gerken vs. Plimpton, 62 N. Y. App. Div., 35.

Liability of the surgeon is not limited to injuries arising from improper or negligent treatment, but he is also liable where he fails through a want of the requisite degree of care, skill and diligence to detect the nature of the patient's complaint.

Lewis vs. Dwinel, 84 Me., 497.

If a physician is incompetent, or feels himself incompetent, to properly treat and care for a case to which he is summoned, it is his duty to recommend the employment of another.

Mullen vs. Boynton, 132 Mass., 443.

Iowa City, January 11, 1904.

MEDICO-LEGAL ITEMS.

COLLECTED BY THOMAS M. STEWART, M. D., CINCINNATI, O.

Medicine is not an exact science.

Many sciences contribute, more or less, to constitute the art of medicine.

Science works to a definite end that knowledge may be acquired. Its method is analytical. Its aim is to discover facts.

Philosophy, too, seeks knowledge, but here it is the use of knowledge after science has discovered its existence. Its method is synthetical. It aims to apply facts to discern law, or to discover the why and the how of things.

These two methods, science and philosophy, are necessary in the acquirement of knowledge, experience and judgment.

Then the application of the latter triad leads to system and to results otherwise impossible.

When these principles are followed in medicine they then constitute the "Practice of Medicine." By their aid order and exactness are possible, without their aid guessing is necessary.

Much light can be thrown upon cases by assiduously studying their treatment along the foregoing lines. To fore-tell accurately the results to be expected; some weeks of treatment along these systematic lines is necessary, simply because medicine is not an exact science.

Opinion and authority, which are the strength of the law, are the weakness of medicine—an art the practice of which is based upon carefully observed and correlated facts.

Law is conservative adhering to precedents.

Medicine is progressive, looking for new truths.

Two Questions Asked of a Medical Expert.

Are not medical theories abandoned almost as quickly as formed?

No. They undergo modification as more light is obtained on the matter.

Is not medicine almost entirely theoretical?

Not at all. Theories are necessary to arrive at a definite result. Just as the idea or theory, a lawyer has in mind in asking a witness questions, is necessary to arrive at definite ends. Let him forget the theory he had formed or abandoned or lose the idea he is pursuing, and he loses that much. He makes no progress.

Don't act as expert unless you testify from a personal examination of the case, because lawyer's hypothetical questions are not always properly framed, and you might say one thing to his question, but another thing if you had seen the case. Agree only to testify to what you really believe to be a true deduction from the facts and after making a personal examination of the case.—[Judge M. F. Wilson, Cincinnati, Ohio.]

Judge Jackson's charge to jury in U. S. Court, Cincinnati, Ohio, in taking the case away from the jury and deciding in favor of the defendant. Suit for damages in glaucoma after cataract.

"The implied agreement of the physician or surgeon is that no injurious consequence shall result from want of proper skill, care and diligence.

"If there is no injury caused by lack of skill or care, then there is no breach of the physician's obligation and there can be no recourse.

"Mere lack of skill, not causing injury, gives no right of action and no right to recover even nominal damages. A physician is not a warrantor of cure. If the failure to cure were held to be evidence, however slight, of negligence on the part of the physician causing the bad result, few would be courageous enough to practice the healing art, for they would have to assume financial liability for nearly all the ills to which flesh is heir. Is there any evidence sufficient in law to sustain a verdict that the defendant was unskillful or negligent and that this resulted in injury?

"The law says that where there is more than a scintilla of evidence against the person it would not be proper to take the case away from the jury."

No Liability for Refusal to Answer Emergency Call.

In the case of Hurley, administrator, vs. Eddingfield, an action brought by the former to recover $10,000 damages for the alleged wrongfully causing the death of his intestate, the Supreme Court of Indiana says that the material facts alleged by the plaintiff may be summarized somewhat as follows: "At and for years before the death of the intestate the defendant was a practicing physician at a certain place in the State, duly licensed under the laws of the State. He held himself out to the public as a general practitioner of medicine. He had been the intestate's family physician. The intestate became dangerously ill and sent for him. The messenger informed him of the intestate's violent sickness, tendered him his fee for his services and stated to him that no other physician was procurable in time and that the intestate relied on him for attention. No other physician was procurable in time to be of any use, and the intestate did rely on the defendant for medical assistance. Without any reason whatever the defendant refused to render aid to the intestate. No other patients were requiring the defendant's immediate service, and he could have gone to the relief of the intestate if he had been willing to do so. Death ensued, without the intestate's fault, wholly from the defendant's wrongful act."

"The defendant demurred to this complaint. The Circuit Court sustained his demurrer, and the Supreme Court now affirms the judgment of the lower court, holding that there was no error in its ruling on the demurrer. The Supreme Court says that the alleged wrongful act was the defendant's refusal to enter into a contract of employment. Counsel did not contend that, before the enactment of the law regulating the practice of medicine, physicians were bound to render professional services to every one who applied. The act regulating the practice of medicine provides for a Board of Examiners, standards of qualifications, examinations, licenses to those found qualified and penalties for practicing without license. The act is a preventive, not a compulsory measure. In obtaining the State's license (permission) to practice medicine, the State does not require, and the license does not engage, that he will practice at all or on other terms than he may choose to accept. Counsel's analogies, drawn from the ob-

ligations to the public on the part of innkeepers, common carriers and the like, the Supreme Court adds, are beside the mark.—(Jour. Am. Med. Asso.)

Dr. L. H. Willard (A. I. H. Trans., 1899), in a paper on the gross injustice done to surgeons in so-called "damage suits" by charity patients, after citing numerous illustrative cases, said:

"The chief justice of Pennsylvania in a recent decision says: 'If these surgeons who give their services to the suffering race are to be harassed with actions for damages when they do not happen to cure a patient, and are to incur the hazard of having their estates swept away from them by the verdicts of irresponsible juries, whom, caring nothing for law, nothing for evidence, nothing for justice, nothing for the plain teachings of common sense, choose to gratify their prejudices or their passions by plundering their fellow-citizens in the forms of the law, it may well be doubted whether our hospitals and other charitable institutions will be able to obtain the gratuitous and valuable services of these unselfish and charitable men!"

Operations Without Consent.

According to a ruling in Chicago by Judge Kavanagh, a surgeon may perform an additional operation without the consent of his patient, if during the first operation he discovers a condition of the internal organs which renders the second one necessary to preserve the life of the patient.

The decision was rendered in the case of Mrs. Agnes Muehern against the Post-Graduate Medical School and Hospital. Mrs. Muehern was operated upon by one of the professors of the college, and, while she was under the influence of an anæsthetic, a condition as indicated was discovered, and a second operation was performed. When she regained her health she brought suit against the college. (Consent to first operation must, however, be obtained.—T. M. S.)—[Med. Rev. of Reviews.]

Gifts of Money to Doctors.

In England recently an old lady gave her doctor $4,000 in various sums, simply as a kindly expression of her appreciation and gratitude. After the old lady's death her executors brought suit to recover this money, and succeeded, the judge holding that "the relation of patient and physician is a confidential relationship, and where it exists, as it did in this case, the donor must have had competent and independent advice before a gift can be supported. There is no exception to this rule."—[Medical Times, August, 1902.]

The Responsibility of a Physician Where His Patient Declines Certain Treatment.

There is undoubtedly a difference of opinion in the profession as to what a physician or surgeon should do if a patient after a plain statement of facts should decline to follow the course of treatment advised or refuse to be operated upon. On the one hand, there are physicians who say they would at once retire from the case and leave it to be handled by other physicians; and, on the other hand, there are physicians who say they would feel under the circumstances that they should do the best they could after giving the patient to understand that he and his family assumed full responsibility for the result.

The courts have passed a number of times upon this question. One of the most important of these cases is that of McCandless vs. McWha. This was a case in which the patient sued his physician for alleged malpractice in the setting and treatment of his broken limb. There were a number of questions involved; one of them was the question of the co-operation of the patient in the treatment? On this point the Court stated, "Nothing can be more clear than that it is the duty of the patient to co-operate with his professional adviser and to conform to the necessary prescriptions, but if he will not, or under the pressure of pain cannot, his neglect is his own wrong or misfortune, for which he has no right to hold his surgeon responsible. No man may take advantage of his own wrong or charge his misfortune to the count of another. We do not mean to intimate an opinion that this case was properly treated, or that the leg could not have been restored to the length of its fellow, but in view of the diversified circumstances that attend cases of this sort it is very important that the true rule of professional repsonsibility should have been given to the jury, with instructions that they should inquire from all the facts in proof whether the defendant had come up to or had stopped short of it."

On the other hand, if an operation had been declined by a patient or his friends, for rarely in strictly medical treatment is the physician interfered with by a patient or his friends, the case still exists and must be handled by some one.

Undoubtedly there are many forms in which an intelligent patient has every right to decline operation, for physicians themselves are by no means unanimous in their views with regard to the best methods of surgical procedure. For example, in a case of cancer of the cervix, uterus or appendages, many skillful surgeons recommend operation in the early stages, claiming excellent results, while others with equal experience and equal judgment condemn interference where malignancy exists. So it is with many other conditions, but the physician must impress on the minds of his patient and his family that they must assume the responsibility if they reject his proposed line of treatment.—[The Medical Times, July, 1902.]

The Railway Surgeon in Court.

The International Journal of Surgery for August, 1901, contains an address by Colonel Chas. M. Blackwood, of Lynchburg, Va., delivered before the Association of Surgeons of the Southern Railway Company, at the request of their mutual employer, he representing the law department of the corporation. It is full of sound sense and refreshingly honest in tone. We like him for the good things he says so well.

He cites two instances of railway surgeons on the witness stand. One was plain spoken, terse and direct, as well as clear in his presentation of all the facts, explaining the injury, its treatment and the future probabilities of the case. The opposing counsel began his cross-examination with the query, "Whether it was not his duty to take down the statement of the girl he was treating." "No, sir,"

he replied, "I am only a doctor, not a detective. I was sent to help her to get well, not to record testimony against her." The opposing counsel cross-examined no further. The other instance was that of a self-important fellow, who, upon cross-examination, declared it to be his duty to do all for the company that he could; to first attend to the injured and then learn all the facts from the patient before a law suit was instituted.

Colonel Blackwood commends the attitude of the former physician, as, of course, do we. But the company has a surgeon's blank that provides for this information at its very top, thus implying that the ascertainment of the mode of reception of the injury was the first and most important duty of the company surgeon. Colonel B. averred that it made his flesh creep to have one of these shown in court, and we believe him. He recommends that the company surgeon's duties be limited to what legitimately falls within his sphere. To which also we say, amen.

First of all, says he to the company surgeon, it is important "that you tell the truth." It is the exact truth that is of greatest importance to the company, and it may be well in passing, as the phrase goes, to throw out the reminder that this is also the most important fact to be known to the other side. If surgeons can agree reasonably well a settlement is easy whenever the company admits liability.

The next important quality is common sense, practical sense, and in this we also concur. He speaks of the mental influence of friends and counsel upon plaintiffs for damages, making them feel and seem worse than they really are, as is shown by their speedy improvement without treatment after the legal fight is over, whether won or lost.

The Colonel deplores the usual partisanship of medical witnesses on both sides of a case. It makes the lawyer's duty harder. Then there is the misrepresentation and alteration of facts by company employes to shift responsibility from individuals and departments. He would have physicians use common sense especially upon the witness stand, saying, for instance:

"I have known physicians of sound judgment to whose skill I would entrust my own and the lives of my family make a show upon the witness stand which greatly shook my confidence in their wisdom. Some doctors think that when they are called as witnesses for either side of a case their testimony is to be a proof of their superior knowledge, which is to be developed in a species of medico-forensic contest between the opposing lawyer and themselves. If they start with this idea they will get the worst of it. The lawyer, when there is likely to be such a contest, is generally pretty well posted as to the proper answers to the questions he intends to propound. He knows in advance what the questions will be and prepares himself as to what the answers should be. The doctor, on the other hand, has a general knowledge of the subject, which is far broader, more accurate and more comprehensive, but the lawyer is skilled in the science of cross-examination and confines himself to questions on which he has posted himself thoroughly and about which his technical and special knowledge is fresh and more definite than that of the doctor. Under such circumstances, if the doctor undertakes to cross swords with his wily antagonist, the bystanders very erroneously conclude that the lawyer is the better doctor of the two. If, on the other hand, the doctor will confine himself to his more comprehensive knowledge and give the results of his personal skill and observation in clear and simple language, good naturedly, confessing ignorance where some catch question is propounded, and very fully and sensibly explaining the real subject at issue, the lawyer will soon be carried out of his depth and off the narrow line of his information, and the doctor will become the victor without apparent effort, and as the natural result of his superior knowledge upon the subject of which he speaks."

He also cautions witnesses against getting mad, especially at the cross-examination counsel, as that helps impeach their credibility, stamping them as partisan.

Another point is to be plain and brief in your explanations. Recollect that you are expounding unknown facts, hard to understand to men who have to weigh them, though without knowledge or experience in the matter at issue. (Drop all technical terms—use plain English.)

The Right of the State to Pass Laws Requiring the Vaccination of Children.

A decision in regard to the right of the State to pass laws requiring the vaccination of children as a condition of their attending the public schools has been made recently in the State of Pennsylvania.

The father of a child was denied permission to the public school on account of not being vaccinated in accordance with the rules of the Board of Education and an act of the Legislature brought a mandamus suit in the city of Philadelphia. The Court of Common Pleas maintained the right of the Board of Education to demand such vaccination, and, on appeal, the Supreme Court sustained the ruling of the lower court in the following terms: "We think that the court below did not err in the ruling referred to." In the case, Duffield vs. Williamsport School District, we hold that school directors in the exercise of a sound discretion may exclude from the public schools pupils who have not been vaccinated.

An Important Ruling Concerning a Physician's Fees.

A very important ruling was made by Judge Armstrong, at Camden, N. J., on August 2. Dr. Godfrey, who had attended a woman for four years, put in his claim as a preferred creditor for $349 against her estate after her decease. It appears that the patient had been suffering from Bright's disease, and, while under Dr. Godfrey's care, had been recommended by him to go to Bedford Springs, where she died. While she was there another physician attended her. The claim was made by the defendant estate that not Dr. Godfrey, but this other physician, who was called in at the last, attended the patient in her last illness, and that, therefore, Dr. Godfrey had no locus standi as a preferred creditor. In this point of view the Court very properly, as it seems to us, declined to concur, but ruled, on the contrary, that Dr. Godfrey did attend the woman in

her last illness. It seems to us to be clear that as the attendance was continuous over the period of the illness which ended fatally until the patient, at Dr. Godfrey's advice, went to Bedford Springs; her being there was in fact part of the treatment prescribed by him, and, unless it could be shown that the patient had actually dismissed him after going there, it must reasonably be assumed that she continued to carry out his treatment in general, notwithstanding the presence of another physician, whose attendance should be regarded in the light of auxiliary aid in an emergency, much as would be the case were the nearest pyhsician, say, in an attack of hæmoptysis, when the doctor under whose continued care a tuberculous patient was, did not happen to be at home. Surely both physicians in such a case would be properly held to have been in attendance during the last illness.—[The Dietetic and Hygenic Gazette.]

Rich Patient Must Pay Well.

One hundred dollars a day is a moderate physician's charge when attending a millionaire, according to expert witnesses in the Orphans' Court today. Dr. J. O. Flower had filed suit against the estate of the late H. M. Curry for $5,243 for professional services. Mr. Curry was one of the Carnegie Steel Company partners, and died two years ago. Dr. Flower's services covered five months and a trip to Atlantic City of twenty-one days, at which resort Mr. Curry died. Dr. Flower claimed that he treated Mr. Curry so successfully that his life was prolonged sufficiently to enable him to add at least $1,000,000 to his fortune, the estate being worth about $6,000,000 when he died. Dr. Flower's bill is made up of visits to Mr. Curry's home and the cost of the trip at Atlantic City. For his visits to his residence he charges $25 a visit and $100 at Atlantic City. All the experts agreed that this was not exorbitant.—[The Dietetic and Hygienic Gazette.]

Common Law Rights and the Physician's Prescription.

Since prescriptions are not protected by copyright it is essential that a physician should know just what his and the druggist's rights are as established by common law touching a prescription in the hands of the latter. The law gives a druggist the legal right to use any medical formula, not copyrighted, as often as he pleases, provided it contains no intoxicants or other poisons, which require a physician's order for dispensing. On the other hand, the druggist has no legal right to allow the physician's name to remain on the container after refilling, or to use that name in any connection whatever with the refilled formula, except by the express wish or consent of the physician. The refilling then is done (when without the physician's order) solely on the pharmacist's own responsibility. Furthermore, it has been settled by the courts:

1. The patient has no legal or other right to demand a written prescription or written directions from the physician.

2. It is right and wise that the druggist demand and procure from the physician his written orders for the compounding of prescriptions.

3. The physician has the undoubted right to designate what pharmacist shall fill his prescription.

4. The written prescription is simply an order physician to pharmacist. It is, through courtesy and by virtue of custom and convenience, handed to the patient for transmission, but the latter has not, at any time, the slightest right of possession in the instrument.

5. The druggist has at least the right of permanent guardianship, perhaps of outright possession of the prescription, and he must file it for reference and for any form of proper investigation.

6. There can be no right, extenuation or excuse for a copy of prescription, with physician's name attached, to be taken by druggist, patient or any one else without the authority of the physician.

7. The careful physician should invariably retain a carbon-paper fac-simile copy of every prescription he writes.

8. If a druggist refills a prescription without the order of the physician who wrote it he does so on his own responsibility, and he has no legal or moral right to leave or place the physician's name on the container.—[The Dietetic and Hygenic Gazette.]

The Library.

BOOK REVIEWS.

Homœopathic Medical Society of Ohio.

The proceedings of the thirty-ninth annual session held at Columbus May, 1903, presented in a substantial volume for reference and preservation. Like all preceding volumes of this society it adds greatly to our literature.

A Manual of General Pathology for Students.

By Sidney Martin, M. D., University College, London. P. Blakiston's Son & Co., Philadelphia, Pa. 1904.

The basis of this work has been Prof. Martin's lectures at the University College. It is therefore a practical text-book for the student, finely illustrated; in many instances this is so perfectly done that one would almost suppose the laboratory stains were used as printing ink. It is a concise work and well arranged. It will repay careful study by the members of our school, who make pathology pay such royal tribute to therapeutics, and to the exact totality therapeutics of our system.

Commencement Parts.

Valedictories, Salutatories, Orations, Essays, Class Poems, Toasts, etc. Compiled by Harry Cassell Davis, A. M., Ph. D. Hinds & Noble, New York.

A most helpful volume for those who have to do in commencement and other exercises of a public nature. It contains brief models and valuable suggestions, which will stimulate careful preparation and be of great use to busy men of affairs. Physicians are called upon frequently to give addresses, respond to toasts and to take part in various functions where speaking is necessary. A study of the materials in this volume will be a distinct aid. It will make those who have the faculty of speech-making better and will encourage the diffident to renewed attempts.

Obstetrics for Nurses.

By Joseph B. De Lee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago; Lecturer in the Nurses' Training Schools of Mercy, Wesley, Provident, Cook County, and Chicago Lying-in Hospitals. 12mo of 460 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $2.50, net.

Although this work was written, as the author states, primarily for nurses, yet from our interesting examination of it we firmly believe that medical students will find in it much of value, since the duties of a nurse often devolve upon him in the early years of his obstetric practice. There are really two subjects considered—obstetrics for nurses and the actual obstetric nursing—and Dr. De Lee has combined them so that the relations of one to the other are natural and mutually helpful, presentng this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other works, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools.

Saunders' Medical Hand Atlases—Atlas and Epitome of Operative Gynæcology.

By Dr. O. Schaeffer, of Heidelberg. Edited, with additions, by J. Clarence Webster, M. D. (Edin.), F. R. C. P. E., Professor of Obstetrics and Gynæcology in Rush Medical College, in affiliation with the University of Chicago. With 42 lithographic plates in colors, many text cuts, a number in colors, and 138 pages of text. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.00, net.

This new addition to Saunders's admirable series of Hand-Atlases is excellent. It is unfortunate that medical students graduating each year know less about gynæcological operations than about almost any other department of operative surgery. This atlas, therefore, is opportune, and the excellence of the lithographic plates and the many other illustrations render it of the greatest value in obtaining a sound and practical knowledge of operative gynæcology. Indeed, the artist, the author, and the lithographer have evidently expended much patient endeavor in the preparation of the water-colors and drawings. They are based on hundreds of photographs taken from nature and reproduce faithfully and instructively the various situations which they intend to illustrate. The text closely follows the illustrations, and we have found it fully as accurate. We consider it of great value to the up-to-date practitioner and surgeon, as well as to the specialist.

The American Year-Book of Medicine and Surgery for 1904.

A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D. In two volumes. Volume I., including General Medicine. Octavo, 673 pages, fully illustrated. Volume II., General Surgery. Octavo, 680 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Per volume: Cloth, $3.00, net; Half Morocco, $3.75, net.

The American Year-Book of Medicine and Surgery continues to maintain its high place among works of its class. Indeed, the issue of 1904, now before us, if anything, is even better than the excellent issues of previous years. Such a distinguished corps of collaborators which the editor, Dr. George M. Gould, has enlisted as his assistants is sufficient guarantee that the essential points of progress are brought out, and the collaborators' notes and commentations are excellent. In the illustrative feature the 1904 issue fully maintains its reputation, there being fourteen full-page insert plates, beside a number of excellent text-cuts. We pronounce Saunders's Year-Book for 1904 the best work of its kind on the market, as it has always been.

Diseases of the Skin.

By Dr. C. D. Collins, Professor of Skin and Venereal Diseases in Hahnemann Medical College and Hospital, Chicago. P. H. Mallen Co. 1904.

A work on dermatology for students especially, the result of much clinical experience abroad as well as at home. The treatment seems largely to emphasize local treatment, which is in most instances given in full, usually a page or more being devoted to it, while the homœopathic treatment consists of a single paragraph wherein simply the names of the remedies are given. A chapter on the Materia Medica is added, however, which gives many valuable hints. We cannot but regard treatment of skin diseases in a direct opposite light, namely, the homœopathic treatment first, and local applications as of secondary, and more frequently of non-importance. We can recall many instances of cures of skin diseases in Hebra's and Kaposi's clinic by homœopathic remedies secretly administered by our students, when the professors, after months of trial, had thrown their hands in the air in despair and exclaimed: "We'll send this patient to the baths." Simple means of cleanliness is in most cases all the external application needed.

Dr. Collins has presented us a concise work, good in all its parts. He recognizes the great importance of constitutional treatment, which we believe would have been more effectively presented along with the diseases. We will say, however, that we have never needed Calomel given as a laxative to cure urticaria. We have never seen a single case of psoriasis cured by the "all important" local treatment, and an experience with over 200 cases of acute erysipelas has taught us that any external application of a medicinal nature is bad, and that if there is one disease in the whole category where homœopathic treatment is supreme it is in erysipelas. These are merely differences in opinions between ourselves and the author; the book presents the author's ideas and we are bound to respect them.

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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APRIL 1, 1904.

Editorial.

THE INFLUENCE OF LEGISLATION ON MEDICAL EDUCATION.

The busy doctors, who are confining their attention to the activities of practice in the day time and consuming the evening and other spare hours improving their minds in exclusively medical and scientific readings, have good reason for not knowing all that is going on in these later days in the places where the young men are being trained to become their successors after the engrossing cares of professional service shall be put aside. When the majority of those now in practice graduated they were at liberty to locate pretty much where they pleased. Further, when they entered the medical college all the preliminary preparation they were obliged to have was the common school education. This common school preparation was sometimes not more than a reasonably good working knowledge of the three R's, with, perhaps, a little advanced mathematics, a year or less of Latin or possibly elementary rhetoric or a few months of natural science. The most of them had no knowledge of chemistry upon entering college. These men usually developed into good practical doctors competent to be entrusted with the care of the ill or injured.

About ten years ago or so some of the States began to "stiffen up" on the medical colleges, with a view of compelling them to do more work and to require more of their students. This stiffening up on the part of the States has progressed so that for admission to college a pretty severe examination in advanced studies, such as foreign languages, physics, chemistry, geometry and trigonometry, biology and especially English, is required. Nothing but a diploma or certificate from a first-class high school, academy or college can take the place of the examination.

Further, the colleges must be equipped with ample apparatus and material for technical work in chemical and microscopic analysis, anatomical and physiological demonstrations, and, above all, facilities for clinical practice in medicine and surgery. The college, like the students, must stand inspection by a State Board. When the student graduates he must submit himself to a rigorous initiatory review. In some States, if his preliminary accomplishments have been first-class and his medical college of the highest grade, he may be admitted to practice at once. Several of the States ignore all diplomas and vest the right to admit to practice entirely in an examining board, who put the candidates through days of severe educational and technical tests.

There has been no serious objection to this advance of standards. It is in keeping with what the other professions require. The present generation has come under the magnetizing influence of the scientific spirit and demands of their public servants thorough specialized training.

There are some restrictions also that are imposed upon those who graduated before the laws were enacted. It is not easy for a physician practicing in Ohio, Minnesota or any other State to move into the jurisdiction of another board. The privilege of practicing in a distant part of the country is denied generally by the local laws. Like the serf of feudal time doctors become a part of the soil upon which they were born into service.

Having reviewed briefly the status of medical control, let us inquire as to results. In the first place, the high grade demanded by boards has put out of business effectively a large number of colleges. It has prevented a large number of young men, for the want of sufficient advanced education, from entering upon medicine as a career. It has prevented many gentlemen who aspire to faculty positions from adorning their names with the prefix, professor. It has created what is likely to become something of a political machine, the examining board. It may lead to factional strife among the different "kinds" of doctors.

It seems that the effect upon the non-homœopathic colleges and students has been more marked than upon the homœopathic. Five medical colleges of the old school class have been closed in Ohio since 1896, the time when the present medical law in that State was enacted. A letter from a non-homœopathic college man states: "So far as I have been able to learn I believe that approximately thirty college have been compelled to cease existence or in most cases to effect consolidation."

In the colleges that are now in operation the total attendance has probably decreased. In the future there will be a much less percentage of medical stu-

dents to the total population than there has been. This condition is the one desired by the members of the American Medical Association, and they probably have significant grounds for their desire.

Up to this time all the medical interests of the country have co-operated with reasonable accord in advancing the standards of professional education, but there is strong reason to believe that the allopathic wing of the brotherhood propose to make legislation prohibitory instead of simply restrictive. They freely admit that there are too many students regardless of merit studying to become doctors. Their reasoning is this: The increase of doctors is out of proportion to the demand, therefore a kind of embarrassment must be placed in the way of aspiring young men to divert them into other industries. The way to bring about this clog is to make a pretext of higher standards for medical education. So long as the intent was pure improvement of the general medical service, nearly every one was disposed to favor the qualification laws to a reasonable degree; but if it comes, as it seems it has, to making the "educational qualification" the means of cutting down the number of doctors just from selfishness it is time for all friends of fair dealing to see to it that no protective tariff be placed upon the home commodity of education, be it medical or any other kind.

With deliberation the old school have exterminated a number of their colleges with no other object in view than to curtail competition, unless it be to dig a masked ditch for some one else to fall into. Perhaps their institutions deserve a modified form of race suicide, we cannot say as to that.

The homœopathic practice is not over-crowded. There is a demand for all the competent young doctors our colleges can turn out. None of our colleges have been driven to the wall by the higher requirements. It is natural, however, that there should be a shrinkage in attendance, but we need all the competent men we can educate to take the places of those who are dropping out of the ranks and to locate in new fields where there is a call for homœopathic medicine.

We are experiencing difficulties every year to fill our hospital positions, so alluring is the field of practice to the graduates. Every year we are making hospital extensions; we have valuable posts to be filled by men who desire the discipline and experience of hospital service. Our college secretaries are receiving every commencement time calls for the graduates, and can locate more than they can furnish. Our position must be a requirement liberal, technical and thorough enough to prepare students in all lines of medical and surgical work, but we must resist prohibitory laws, rules and regulations intended merely as protective financial measures for those who have little regard for our rights and sensibilities. H.

DR. THEODORE Y. KINNE.

It is with profound grief that we are called upon to chronicle the death of Dr. Theodore Y. Kinne, of Paterson, New Jersey, which occurred in the early part of last month. For over forty years Dr. Kinne practiced medicine, and during the entire period he was ever active in the building up and preserving of the institutions of the homœopathic school. He joined the American Institute of Homœopathy in 1869, and served as the president of this organization in 1891, when it met in conjunction with the Fourth International Homœopathic Congress at Atlantic City, and again in Washington in 1892. No man in the history of this organization was dearer to the hearts of its members, no man's counsels were more respected and looked up to than were Dr. Kinne's. Always a faithful attendant, always

T. Y. KINNE, M. D.

alert for the benefits of the organization, and ever ready to condemn any measure or party that would even in the slightest way tend to hinder or impede the progress of the organization, he stood alone a giant among his fellows. His earnest manner, his profound courtesy, his wonderful oratorical abilities, his ready wit, his pleasant smile and warm hand grasp made him perhaps the favorite and most popular member of the Institute. It was our pleasure scarcely a month ago to attend a dinner with him and to hear one of his forcible addresses. Little did we think on parting that we should not hear his voice again. He was one of the committee chosen to decide our prize essay contests, and he told us at this time of his faith in the good that would result therefrom. He was the friend of every homœo-

pathic physician, of every homœopathic institution in the world. The cause of Homœopathy has been made vastly better by his having lived, and we leave it to our betters to properly eulogize him.

EDITORIAL BREVITIES.

Commencement Months.

Formerly nearly all our colleges held their commencement exercises in the month of March, but with the advent of the minimum seven months' course the earliest commencements now fall in April. The first is Kansas City, whose exercises occur on the 7th; then Hering follows on the 11th; Missouri on the 14th; Detroit on the 19th, and the Southwestern on the 26th. While these colleges have somewhat shorter terms than the others, the classes are smaller and the work done is more individual and quite as thorough as in the larger institutions. We hope to see good classes graduated from these colleges; there are numberless fields awaiting homœopathic physicians and the demand is increasing constantly. We would say to those graduating this month, go forth, practice Homœopathy and be sure that it is Homœopathy. You owe it to yourselves and to those who are to follow you in your neighborhoods, and the better Homœopathy you practice the greater will be the respect for and the demand for homœopathic physicians. It means your success over your old school competitors.

London Post-Graduate Course in Homœopathy.

There are large numbers of our American physicians who spend their vacations abroad doing clinical and research work. Already we have commenced to make the annual changes in our mailing list for some who are going, and we expect to do so, as is customary, for several months yet. Our friends show good judgment in not wishing to be without the Medical Century during their absence. It will interest those contemplating an European trip to know that the London Homœopathic Hospital, which has unexcelled clinical facilities, has started the only homœopathic post-graduate course in Europe. It will run through the months of May, June and July. Any one may attend the whole or part of the course, and with as much benefit as can be had in any other London institution; in fact, more, for here one can see the application of Homœopathy as well. We trust that our friends who cross the ocean this summer will call at this hospital, which is a fine one, attend the courses given as far as possible, and write up the same for the Medical Century, for our American physicians are much interested in the struggle Homœopathy is having in countries where the laws are in the hands of the enemy, and where might is right.

Editor's Table.

GENERAL NOTES.

Dr. G. S. Harding, of Marion, Ohio, is contemplating a visit to California in the near future.

Hagerman, Idaho, is a town where a homœopathic physician will find a good practice.

In our Publishers' Department will be found a fine opportunity to buy a good established homœopathic practice.

Dr. O. A. Palmer, of the Palmer Sanitarium in Cleveland, reports his institution running to its full capacity.

Dr. Cæsar Lombroso, the celebrated Italian psychiatrist, was present at the opening of the new homœopathic hospital in Turin.

Dr. J. C. Wood, of Cleveland, presented a paper before the New York County Medical Society at the March meeting.

Dr. H. W. Westover, of St. Joseph, Mo., took a much needed vacation last month, journeying southward to "Dixie."

We are glad to state that Dr. St. Clair Smith has recovered from his attack of pneumonia and is able to be out again.

Dr. Richard L. Eltinge has accepted the position of resident physician at the Five Points House of Industry.

Dr. H. C. Brigham has returned to New York and opened an office at Hotel Quentin, 210 West 56th street, New York.

Dr. H. V. Halbert, former editor of the Clinique, spent a few of winter's weeks at Thomasville, Ga., playing golf and picking roses. Wonder if it is true.

Dr. H. R. Arndt, of San Francisco, has a work in press, entitled "First Lessons in Symptomatology." Boericke & Tafel are the publishers. It is sure to be a good one.

Monsieur Curie, the discoverer of radium, is the son and the grandson of a homœopathic physician. His father made notable experiments with Bryonia, Aurum muriaticum and especially with Drosera.

The Chicago City Hospital has passed the ordinance forbidding the sale of carbolic acid without a physician's prescription, except in the case of pound or more packages of the crude commercial article.

Dr. J. H. Clarke has removed from Clarges street to No. 8 Bolton street, Piccadilly, London, W., where his American friends will be sure to hunt him up.

Among those affected by the great Baltimore fire was our Southern contemporary, the American Medical Monthly, whose February issue was belated and reduced in size therefrom.

The American Medical Association Journal, under the head of therapeutics, invites physicians to send in "favorite prescriptions." This is the "regular" way of promoting the art of healing.

Dr. G. H. Palmer, who has held the chair of surgery in the Hahnemann Medical College of the Pacific since its foundation, twenty years ago, has tendered his resignation from active work on the faculty. He is president of the Board of Trustees.

Dr. J. B. Garrison read a paper before the New York County Society on "The Internal Administration of Vaccine as a Prophylactic Against Smallpox."

Dr. E. S. Loizeaux, who has recently completed his term as interne at the Flower Hospital, has been appointed one of the resident physicians at the Middletown Hospital for the Insane.

Dr. E. C. Dunning has removed from White Pigeon to Vandalia, Michigan. This leaves a good opening at White Pigeon for a homœopathic physician.

The Oregon State Homœopathic Society is out with a neat announcement of their annual meeting on June 14th. Dr. Herbert S. Nichols is president and Dr. Ella K. Dearborn secretary. The meeting will be held in Portland.

An article on medical organization in the Illinois Medical Journal perorates in this way, "Today we say to eclectics and homœopaths, renounce your dogma, become a member of some county society, etc." "Old Cassius still!"

The practical work that is being done in several of the chapters of the Alpha Sigma fraternity in proving of drugs is attracting a wide attention. Even the secular press has commented approvingly of the good work.

Drs. Johnson and Stiles, who for nearly twenty years have been associated in the practice of medicine in San Bernadino, Cal., have dissolved partnership by mutual consent. Dr. Stiles continues at the old stand and Dr. Johnson opens new offices in company with Dr. G. R. Owen.

The Clinique of March, 1904, contains, under the head of "Latest in Medicine," an article on Conium as a tonic. We did not know that we were so much in advance of our contemporary, but the same article appeared in the Century in April, 1903.

A symposium on the treatment of malarial fever appeared in the January number of the Therapeutic Gazette, and shows that Quinine is the only remedy, but that it is frequently useless. A perusal of the articles would make a homœopathic physician smile.

There are about eighty homœopathic physicians in Chili, South America; several women physicians are among them. A large dispensary is in operation at Santiago, and at Valparaiso the homœopathic physicians have the cream of the business.

Dr. Frank Kraft, our brother of the A. P. (not A. P. A.), was unanimously elected secretary of the Cleveland Homœopathic Medical Society at a recent meeting, but owing to press of professional and other affairs was compelled to unanimously decline the honor.

Dr. William Francis Honan reports that arrangements are about completed for the speakers at the Alumni banquet of the New York Homœopathic Medical College, and promises some of the most noted and brilliant after-dinner speakers of New York and vicinity.

At the regular monthly meeting of the Medical Board of the Metropolitan Hospital Dr. E. P. Swift and Dr. D. D. Stevens were made members of the board, and the date of meeting changed to the first Tuesday of each month instead of the first Thursday.

Another "Plympton" curettage has been perpetrated on some of our old school contemporaries by one H. John Stewart, of Chicago, who succeeded in doing quite a number of prominent medical journals with a faked article for advertising purposes. The Medical Review of Reviews, of New York, was perhaps the most prominent catch.

The British Homœopathic Association purposes to issue in pamphlet form Dr. Dyce Brown's papers on "Homœopathy Among the Allopaths" under the title "The Permeation of Modern Medicine By Homœopathy." This will form a valuable addition to our missionary literature. Medical practitioners will be supplied with copies free of charge.

Boericke & Runyon, of New York, have issued a neat book catalogue of their publications illustrated with the pictures of the authors. Notable among them is that of the late Doctor Henry M. Dearborn, Dr. William Boericke, of San Francisco, author of Boericke's new Materia Medica, and Dr. Bukk G. Carleton, president of the New York State Homœopathic Society.

The Missouri Institute of Homœopathy will convene in St. Louis at the Southern Hotel on April 27, 28 and 29. A fine program is being arranged. Dr. L. E. Whitney, of Carthage, is at work on his bureau of clinical medicine. Dr. W. E. Reily is busy with the interests of the school in legislative circles, and all points to a revival of homœopathic interest in every part of the State.

The Alumnæ Association of the New York Homœopathic Medical College and Hospital for Women held their regular meeting on Wednesday, February 17, at the residence of Dr. Jennie V. H. Baker, No. 512 Bedford avenue, Brooklyn. The meeting took the form of a memorial to Dr. Phoebe J. B. Wait, A. M., and suitable resolutions were adopted.

The Medical Arena, of Kansas City, seems to be flirting with the Eclectic School. Nearly all of the last isue is devoted to eclecticism and to deprecating the fact that there are two schools of medicine. Guess the report that "the editor has gone over to the eclectics" is true after all. If you don't believe it read the March Arena.

During the seven years from 1895 to 1902, the homœopathic department of the University of Michigan gained from the allopathic department forty-eight students. During the same period of time five students withdrew from the homœopathic department to enter old school colleges. A net gain for Homœopathy of forty-three.

Dr. H. F. Biggar, as the guest of honor, in his address before the Allegheny County Homœopathic Medical Society, held at Pittsburg recently, emphasized the "university idea" of homœopathic medical education. "University idea" is a good term, and may be as important eventually as the "hospital idea" in the treatment of the insane.

The Chiron Club, of New York, met with Doctor George W. McDowell recently. One of the interesting features was the exhibition of a portrait of Hahnemann that had been loaned to Dr. Minton by one of his patients. The picture had been presented to her father by Hahnemann, and was 11 by 14 inches in size, and it was of greater interest from

the fact that it bore the autograph of "the master."

The meeting of the Missouri Institute of Homœopathy at St. Louis on the 27, 28 and 29 of this month should attract a good attendance. St. Louis is reached from anywhere by the Big Four and the Missouri-Pacific roads. Then our old friend of Homœopathy, the Alton, is "the only way" from Chicago. Let us go to St. Louis in force and help them to have a good meeting.

In our advertising pages will be found the prospectus of the post-graduate course of lectures to be given in the London Homœopathic Hospital this summer. This will be a good course for our visitors abroad to attend. The British Homœopathic Association is doing a grand work, and we hope that all good American homœopathic physicians who are in London during the summer will attend the course.

A prospective student of medicine writes to one of our subscribers as follows: "I return the Century you so kindly loaned me. I wish to heartily thank you, as it gave me quite a different idea of Homœopathy than I had. I not only read the essays once, but twice, and they impressed me so favorably that I have written to the publishers for a copy." As Monte Cristo might say, "One!"

The report has been circulated that a food company, whose home is not far from Niagara Falls, had all to do with the selection of the place of meeting at Boston. We do not credit these reports. While it is not inconceivable that the aforesaid food company would be glad to have the Institute meet in their town, and doubtless contribute to its entertainment, it is inconceivable to us that any member of the Institute, no matter what his official position, would lend himself to a scheme of this kind.

The announcement for the annual practitioners' course of the New York Homœopathic College and Hospital has reached us. It will be held from May 4th to May 21st, and be given in the college and affiliated hospitals. The great success of the course held last year has stimulated the authorities to greater efforts, and this year's course will be especially fine. As the class will be limited to one hundred, it will be necessary to apply at once. Send to the secretary for an announcement.

It will be remembered to the credit of Homœopathy that the agitation against the unrestricted sale of carbolic acid was begun in the Illinois State Homœopathic Medical Society in the May meeting of 1900, when Dr. Clifford Mitchell read a paper, "Suicide by Carbolic Acid," which, by a unanimous vote, was referred to the Illinois Pharmaceutical Association for consideration. The Chicago Tribune published Dr. Mitchell's paper, and editorially urged restriction of the sale of carbolic acid.

It was decided to have a chair of homœopathic Materia Medica and therapeutics in the University of Leyden, Holland. The allopaths succeeded in blocking the scheme by requiring the professor to be not from Holland on account of alleged tendency to friction. It was difficult to find a suitable person for the chair, familiar with the Dutch language, in a short time, so the authorities appointed a Hollander to the vacant place, not as a teacher of Homœopathy, however. The Journal of the American Medical Association, commenting on this, says, very wisely: "Now the homœopaths cannot claim not to have had a fair chance!"

A competitive examination for resident physicians in the Metropolitan Hospital, New York, will be held on April 29. This examination is open to graduates of any of our homœopathic colleges. The term of service is eighteen months, commencing either in June or December. This hospital is one of our largest; it has 1,000 beds, twenty-two resident physicians and offers unusual opportunity for experience in all branches of medicine and surgery. Dr. B. G. Carleton, of 75 West 50th street, New York, will give all necessary information. We understand there are sixteen vacancies to be filled this spring. There is no better service in the homœopathic school than this one.

The Ohio State Homœopathic Society will meet at the great Southern Hotel, Columbus, on May 10 and 11. Dr. W. B. Carpenter is president and Dr. C. E. Silbernagel secretary. The Ohio State meeting is one of our strongest organizations, and one of the most harmonious. Its membership is a large one, and the work done is always of the highest order. This year will prove no exception.

"Medical Union Number Six" is the title of a clever little satire on the evils of unionism, by Dr. William Harvey King, of New York. Much truth that is wholesome, much humor that is grim and a purpose that is serious pervades the book. It furnished us as pleasant a half hour's reading as we have had for a long time. Dr. King is to be congratulated upon a most happy vein in his descriptions, and we hope to have more from his pen.

CHICAGO NOTES.

BY C. A. HARKNESS, CHICAGO.

Dr. C. J. Swan spent a few weeks' vacation in Southern Florida during March.

Dr. E. Stillman Bailey enjoyed a short vacation lately in the West. He combined business with pleasure, and looked after some mining interests while away.

Dr. Charles E. Kahlke has taken an office in the Reliance building, and will be down town now from one to three. His office is 1008 Reliance building.

The annual meeting of the Illinois Homœopathic Medical Association will be held in this city in the Masonic Temple, Tuesday, Wednesday and Thursday, May 10th to 12th, inclusive. The entire seventeenth floor will be used as in previous years, the drill hall being used for exhibits by the different firms which supply the wants of the physicians. There will be new social features as an added inducement to attend. Especial attention will be given to the bureaus of Materia Medica and Clinical Medicine. They are in the hands of competent men, who are securing some excellent papers from the best men in our school.

Dr. Burton Haseltine, professor of the diseases of the nose and throat at Hahnemann, has just been appointed as eye, ear, nose and throat surgeon at the Chicago Home for the Friendless. This is a very important position and comes as an acknowledgment of the doctor's worth. It is the first time

that a Homœopath has ever received the appointment, members of the old school having formerly held the place. This is a victory for Homœopathy as well as a compliment to Dr. Haseltine.

Dr. V. W. Ijetung, of India, is in Chicago taking a post-graduate course. He recently visited Hahnemann and praised it for the work done there.

The examination for interneships at the Cook County Hospital were held March 14th, 15th and 16th. Eighteen men, three from Hahnemann and fifteen from the Chicago Homœopathic Medical College, took the examination. Dr. Reininger was in charge of it. Drs. McBurney, Motter, Amerson, Davis, Aurand, Halbert, Smith, Kahlke, and Nash gave the various examinations.

The faculty of the Chicago Homœopathic Medical College entertained the students and their friends at a reception and dance in the Masonic Temple, March 31st. An excellent time was had by all of the guests.

Dr. Gilbert Fitz-Patrick has been appointed chairman of the bureau of Obstetrics, and Dr. Mary Hanks chairman of the bureau of Children's Diseases at the coming State Society meeting. This assures excellent papers in these sections.

A new chart to be used in the testing of the eyes of children, foreigners and illiterates has just been published by F. A. Hardy & Co. It is made according to the suggestion of Dr. Edgar J. George, professor of the eye and ear at the Chicago Homœopathic Medical College.

Dr. Gilbert Fitz-Patrick has been quite ill for about a week, and has been unable to attend to his practice. He is now entirely recovered.

Dr. Richard Sweet is taking a special clinical work in the nose, ear and throat diseases at the Chicago Eye, Ear, Nose and Throat College.

Eta and Lambda Chapters of Phi Alpha Gamma will entertain their friends at a dance at the Auditorium Hotel, on April 15th.

Dr. J. C. Price, of Mt. Morris, Ill., visited friends in this city recently.

Quite a number of the faculty of the Hering Medical College have resigned there and have gone over to Hahnemann, materially strengthening their teaching corps.

A new light is being exhibited at the Cook County Hospital. It is known as the Rogers light, and is said to be superior to the X-ray and the Finsen light in many ways. Dr. Rogers claims that he can cure rheumatism, malignant diseases, abscesses, and many other diseases with it. Many prominent physicians have been investigating it. Dr. E. H. Pratt says it appears to be good, but that time only can determine its value. It is apparently a large electric light, but in some manner the rays of light are condensed and intensified. The street current is used. The lamp and outfit is not expensive, and if it proves to be what its discoverer claims for it, it will be a valuable adjunct in the treatment of disease. Special clinics are being held at the county hospital, and some excellent results seem to have been obtained by its use.

The March meeting of the Chicago Homœopathic Medical Association was held in the Northwestern University building, March 17th. The subject for discussion was gynæcology. The program was as follows:

1. Constipation in Women, Dr. Mary K. Mack; discussion opened by Dr. Julia C. Strawn.

2. Mental Results of Sexual Aberrations, Dr. G. F. Adams, Kenosha, Wis. Report of Clinical Cases, Dr. H. P. Skiles; discussion opened by Dr. H. V. Halbert, Dr. J. J. Thompson, Dr. Paul Polloch, Dr. E. H. Pratt.

3. Finsen Light, demonstrated and exhibited.

The next meeting will be April 21st, and the general topic will be surgery. A special exhibition and demonstration of radium will be an interesting part of the program. It will be the last meeting of the year, and officers for the coming year will be elected.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The epidemic of grip has reached Washington, and has given the medical profession about all the work they cared to do during the past month.

At the meeting of the Washington Homœopathic Medical Society, held March 1st, Dr. R. Kingsman presented a paper upon la grippe. He regards the disease as of microbic origin, considers it contagious, the mode of entrance to the system being through inspired air. Its most severe effects are felt by the aged, though those of middle age suffer almost as frequently; the young he considers exempt. The onset of the disease is very sudden, there being no period of incubation; it may terminate by a crisis, and is quite liable to be complicated by pneumonia or bronchitis, and to be followed by chronic bronchitis, neuralgia, nephritis or otitis media. He advises isolating the cases, and disinfecting the nasal discharges, the remedies he finds most useful being Gelsemium, Belladonna, Bryonia, Arsenicum, Pulsatilla, Kali bichromicum.

Dr. S. S. Stearns opened the discussion with a paper. He compared the present epidemic with those of former years, and agreed with Dr. Kingsman in the use of his remedies. He compared influenza in its relation to true grip as varioloid is to small-pox. He considers true grip as dangerous as diphtheria. He advises the physician to always watch the patient's weakest spot. As to remedies, he agrees with Dr. Kingsman, but mentions bed as the first remedy; he always puts the patients to bed at once. He gives drop doses of Gelsemium tincture every hour for the first twelve hours. Arsenicum 6x he would use when the patient is down and out, and there is absolutely no fight in him. Belladonna 3x for young, and 30x for children. Rhus toxicidendron 3x in rheumatic subjects. He is opposed to the use of antipyrine, phenacetine, etc. When pneumonia complicates it steals on the patient like a thief in the night, seldom begins with a sharp chill. He considers grip and diphtheria the only two diseases in which stimulation with whisky is any advantage.

Dr. G. W. N. Custis finds Bryonia indicated in more cases of grip than Gelsemium. Dr. Gilbert considers the disease self-limited, and spoke of the fact that in the medical society; reports of the same

epidemic of grip in different sections of the country differed greatly in the remedies found useful.

Dr. H. A. Harrison spoke of a lecture given by Dr. T. F. Allen during the epidemic of grip in 1892, in which he noted the same fact, and also that different remedies may be indicated in different epidemics, and spoke of Eupatorium perfoliatum being the drug particularly indicated for the year 1892. Dr. Harvey had also noticed that epidemics differed in their character to such an extent that they required different remedies in different years. Dr. King spoke of the sequelæ of grip from the standpoint of the eye, ear and throat specialist. He finds fewer patients suffering from diseases of these organs following grip under homœopathic treatment than are found under treatment of the old school.

A vote of the members present was taken to determine which remedy was most useful during the present epidemic—Gelsemium received the majority of votes, with Bryonia a close second.

Dr. W. R. Buchanan was elected to membership in the society.

A communication from the heatlh officer was read and referred to the Advisory Board; said communication referred to the desire upon the part of the health office to have a law passed by Congress requiring the report to said office of all tubercular cases under treatment.

An amendment to the District Appropriation Bill has been referred to the Commissioners, appropriating $100,000 for the completion of the Homœopathic Hospital. Should this pass Congress we would be able to complete the new building, one wing of which is now under way.

Dr. H. A. Harrison and wife, of Cooperstown, N. Y., have been spending the past month in Washington. The doctor is convalescing from an attack of typhoid fever.

OPINIONS EXPRESSED.

"Prize essays are beautiful and excellent."—H. F. Biggar, M. D.

"Your enterprise commands and should be crowned with success."—H. C. Allen, M. D.

It seems to me that it is something every college needs.—G. J. Jones, M. D.

The scheme is a good one; the profession as well as the colleges owe you a debt of gratitude.—A. C. Cowperthwaite, M. D.

Medical Century for March just received. Essays are fine. Just what is needed to educate prospective students.—W. L. Bywater, M. D.

Have just been reading the prize essays in the March Century. I can do no better than to make your comments mine to express my approval.—O. B. Blackman, M. D.

That the essays will bring us students there can be no question. They will certainly warm up the profession at large as they have not been warmed for twenty years. Do something like this again. The Century is the torch bearer of our school, and deserves all the credit, praise and patronage that it gets, and a whole lot that it doesn't.—L. C. McElwee, M. D.

OBITUARY.

Dr. Frank A. Box.

State University of Iowa Homœopathic College, 1890. Pulaski, N. Y., February 11.

Dr. P. P. Gray.

Ellensburg, Washington. Homœopathic Medical College of Chicago, 1880.

Dr. O. W. Peterson.

At Waterloo, N. Y., February 27. Graduate of Hahnemann Medical College of Philadelphia, 1859.

Dr. W. J. Ruby.

At Riverside, Cal., February 28. Graduate of Hahnemann Medical College of Missouri, 1878.

Dr. C. H. St. John.

Kansas City Homœopathic College, 1896. February 5, at Salina, Kansas.

Dr. W. G. Taylor.

At Columbia, Pa., March 4. Graduate of Hahnemann Medical College of Philadelphia, 1870.

Dr. C. P. Pillsbury.

At Duluth, Minn., March 2. Graduate of Hahnemann Medical College of Chicago.

Dr. C. S. Sargeant.

Stockton, Cal. Hahnemann Medical College, Philadelphia, 1881. Dr. Sargeant was one of the ablest and most successful practitioners in the San Joaquin Valley.

"That's All."

It was decided years ago, by a judge in New York City, and declared to be law, that when a man called upon a homœopathic physician he expected and had a legal right to be treated according to the law of Homœopathy, and that if the physician used other methods he could be held legally responsible. —Bradford in Recorder.

The Extraction of Foreign Bodies from the Ear.

Use a soft rubber tube, about the length of a cigarette, and of the proper size to be introduced into the ear. The end of the tube is dipped in paraffin, and pushed into the canal until it comes in contact with the foreign body, whereupon the operator, applying his mouth to the free end aspirates forcibly, at the same time throwing back his head. Except in cases of angular bodies of irregular contour, this method is usually attended by success, the body coming away with the tube.—Medical Press.

"One of the 57."

The anxious mother who sends for a homœopathic physician to treat her ailing baby does not wish that baby dosed with sedatives, or antipyretics, or analgesics, or soporifics; she wants the good homœopathic treatment that she believes in. She knows what the properly selected homœopathic remedy will do, and she demands it for baby. And it is her right to have it; nor has the physician who has been summoned because he is supposedly a member of the homœopathic school any right to use allopathic or eclectic procedures or treatment.—Bradford in Recorder.

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Practice.

THE TREATMENT OF TYPHOID FEVER.

BY H. V. HALBERT, M. D., CHICAGO, ILL.

The subject of this thesis has been chosen inasmuch as the tendency of our present day medical literature has leaned so exclusively towards the history of the disease and its attendant pathology. We find in our text-books and the leading works on medicine so much in regard to the habitat and the character of this disease that we are often left in the dark as to its thorough treatment. Page upon page has been written defining its clinical history; volumes of statistics confront us regarding its epidemic occurrence, and we have become intimately acquainted with its usual procedure, yet few of our best authorities have concerned themselves much beyond the usual stereotyped management, except now and then to applaud some new specific. With our recent advance in bacteriological study we are able to positively define the disease, and we may know fairly well what to expect from its regularly recurring stages. There are at the present date few of the laity who do not recognize its serious consequences, not to mention the fact that the majority of the people have learned how to guard against its infection.

These facts are indeed fortunate, for such an advanced appreciation of the gravity naturally tends towards a prophylaxis against its serious devastation of life, and yet we must realize that the greatest demand of the physician is to cure the disease when it is once contracted. In no sense would we belittle the scientific efforts of study which are surely decimating the danger of the infection from year to year. Our various boards of health and our societies of clinical investigation have taught the profession and also the public much to their benefit which they never knew before; and were it not for these guardians of public health our number of deaths from this cause would reach a more alarming degree. Too much praise cannot be given to those students and men of original research who have unselfishly devoted their time and their lives to the intricate study of pathology which is the foundation of our present day medical education. Without these results we could not do our practical work, but we must not stop where they have left off.

The present duty which confronts us demands a more painstaking pursuit of correct methods for the treatment of this disease when it is once established. To this end, in this day of scientific medicine, it would be impossible even to undertake such a procedure without some knowledge of the etiology and a fair understanding of the pathology. Neither can we treat a case without first being sure of our diagnosis. I make this apparently unnecessary reference from the fact that I have frequently heard the statement to the effect that it was not mandatory for a homœopathic physician to make a diagnosis. I trust we have so far outgrown such irrelevant and incorrect reminiscences that we are willing to tread in the path of scientific truth in harmony with all who seek to cure the sick. Some of the most unfortunate and inexcusable mistakes of the profession have occurred as the result of uncertainty relative to the diagnosis of typhoid fever. Certainty in this respect is not always obtained by symptomatology alone.

It is unnecessary, under a subject of this kind, to enter minutely into the history or pathology of this disease. We accept at once the theory of its infectious origin, due to the specific bacillus of Eberth and Gaffky, and we understand the hyperplasia and sloughing of Peyer's patches, with the incident toxaemia. Clinically we are accustomed to the picture of its symptoms, with its gradual onset, characteristic temperature curve, enlarged spleen, rose colored spots, the diarrhea, tympanites, sero-reaction, as well as the complications of intestinal hemorrhage and perforation. We also know, when our diagnosis is secure, that we have on hand a disease which, at best, is bound to run a course of three to nine weeks before we are safely sure of a complete restoration to health.

To fully realize what we are dealing with we must recognize the four stages of pathological complications which invariably intervene. First, the stage of infiltration, in which the lymph follicles and Peyer's patches are engorged. Second, the necrosis or sloughing process which follows from the compression and choking of the blood vessels during the cell infiltration. Third, the stage of ulceration which leads to the hemorrhage and perforation. Fourth, the healing stage, in which the necrotic crust is displaced and cicatricial formation gradually yields to the restoration of a healthy mucous membrane. All of these features must be understood and clinically recognized in the treatment, which calls for a careful diet and the administration of remedies for these special phases.

The morbid changes which occur simultaneously in the mesenteric glands and the spleen, not to mention the peculiar anemic condition which affects the blood, will claim equal attention from the physician. It is often a fact that these features are very persist-

ent and bothersome as recuperation from the fever gradually ensues; therefore, it is an important item of therapeutic effort to watch these side complications with an intelligence equal to that demanded for the fever. We are often too forgetful of this in our heroic effort to subdue the febrile symptoms.

With equal care we must watch for the secondary lesions which affect other organs, either as the result of the continued fever or as secondary infections. The lungs frequently suffer morbid lesions, which simulate the pathological process of bronchitis, and evidences of lobular or lobar pneumonia are often detected. The hypostatic congestion and the catarrhal exudate may suddenly furnish serious signs which call for a physician's prompt and skillful attention. One of our good authorities relates several cases in which the bacillus was found in the sputum, and he records the fact that the febrile symptoms were suddenly transplanted from the abdominal to the thoracic region, thus necessitating a marked change in treatment. The typhoid bacilli have also been found in the associate ulcerations which invade the larynx, pharynx, tonsils and mucosa of the stomach. The kidneys are liable to suffer a simultaneous perenchymatous degeneration and acute hemorrhagic nephritis is not an entire rarity. The heart also may experience an acute endocarditis, or, more frequently, a pericarditis or myocardial degeneration. The organ which shows the greatest proneness to associate involvement is the liver, or, rather, the large biliary passages. Hepatic abscess and catarrhal inflammation of the gall bladder are commonly recognized as sequellæ. It has been clearly demonstrated that typhoid bacilli inhabit the gall bladder, and the conclusion is therefore made that this organ is a probable source for reinfection.

These points are made, not so much for pathological recapitulation, as to establish the necessity of a thorough study in this respect for the sake of a liberal and successful treatment. This is indeed, then, our first therapeutic essential. No one who is well grounded in clinical experience will, to my mind, underestimate this requisite or decry the scientific efforts of those who appreciate this necessity.

Factors Which Favor Infection.

To intelligently carry on our treatment we must also give due consideration to the factors that favor infection. I do not mean by this the accepted idea relative to the introduction of the bacillus, nor do I refer to the media. This knowledge is so thoroughly settled that the scope of this paper does not demand any special reference. I have in mind more particularly the contributing factors within the human body, which are not only predisposing, but which complicate the natural course of typhoid. We must admit that there are physiological perversions which encourage the reception of the poison and tolerate its pathogenic activity. New toxins and bodily conditions, congenital or acquired, serve so frequently to mark the typical symptoms that the physician who meets these unusual features must be alive to every freak of the disease. These must be recognized in the early stages before the complications aggravate the regular clinical signs. It is often an easy matter to treat a disease when its cardinal symptoms tell us just what we are to meet, but the perplexity arises when unexpected symptoms show us that some occult factor is at work. At all times we must be prepared to detect and correct those influences which lower the physical resistance to the bacilli, and at the same time we must seek constantly to dethrone the conditions which favor their vitality and multiplication. Neither our present understanding of the pathology nor the most valuable experience has taught us all that pertains to typhoid, and as this statement applies to all forms of disease we are still face to face with the conviction that in no sense are we to treat alone the name of any disease. Individualizing of symptoms and summarizing of pathological expressions are constant essentials. Indeed this is the particular claim of our theory of practice, and its confirmation will come to any fair-minded investigator who listens or thinks.

The outside influences which pertain to surroundings, whether they relate to locality, climate, seasons, occupation, age or sex, constitute another class of symptoms, which must be looked into carefully as the disease progresses. These in their exertion of a favorable development of the poison encourage the febrile persistence and add to the gravity of the case. To oppose these we must summon our best efforts to minimize the incipient infection rather than to meet the later developments with empiric or experimental measures.

The antecedent diseases which favor or complicate a case of typhoid often demand as much or more attention than the typhoid itself. In my experience with a large number of sick soldiers who had returned from the Cuban battlefields, I was convinced of this truth. It was often difficult to tell whether we were treating typical cases of typhoid or malaria, and the alternating expressions of these two diseases were sufficient to confuse the established means of diagnosis and bewilder our plans for treatment. That those two infections, and probably others, may coexist are substantiated principles of practice. To meet these peculiarities we must vary our treatment in accordance with the complex pathological demands. In a sense we sometimes observe that the existence of an adjuvant infection may limit the febrile excess of the typhoid. Some even claim that malaria is antagonistic to this disease, and it has been found also that advanced stages of tuberculosis render the patient to a certain extent immune. Similar claims are made with reference to small-pox and scarlet fever. Thus it would seem to be a correct principle of practice to treat these complicating diseases in the line of their own symptomatology, even when we fear the presence of typhoid. This, of course, applies in that large class of cases in which we cannot discover the indications of the bacillus typhosus. In this connection we must keep it clearly in mind that the typhoid bacillus is not identical with the bacillus coli. The relation, however, which exists between these two micro-organisms must be kept constantly in mind in the study of the symptomatology and in the treatment.

At the present date we are sufficiently secure in the symptomatological evidences at hand to render an average diagnosis as to the presence of typhoid. Any physician of experience ought to have a fairly good opinion from the subjective features alone. We have found, however, that this intuition is not always reliable. It is thus essential to seek the confirmation of Weidel's reaction. No form of fever should be allowed to get a start without repeated trials of this diagnostic confirmation. While the agglutinating action of the serum is not always elicited early in the disease, and while there may be other influences at work which negative this somewhat at times, it is still our most reliable evidence. It must be confirmed by the use of the standard dilution and the maximum time limit of at least an hour. To confirm this we must always look for the typical blood picture which may suggest a progressive anemia or only a relative leukocytosis. The diazo-reaction may be looked for with some degree of help in the early stage.

The Antiseptic Principle.

Having thus taken up a few of the important considerations without which we cannot scientifically manage these cases we are able to proceed with the more direct demands of treatment. Since the discovery of the germ theory it has been the endeavor of most experienced practitioners to combat the germ itself. It would seem natural that the principle of antiseptics ought to apply in this respect. Unfortunately we have not as yet any satisfactory proof that it does. The bacilli accomplish their organic work long before the patient consults the physician, and, while we admit the cause, we never know how long the latent influence has existed. The symptoms which present themselves for treatment are mainly the result of toxins and probably a mixed infection. The bacillus itself may at this time have lost its normal virility or possibly ceased its existence. Thus it would seem necessary in order to apply the correct principle of antisepsis, that we must gain entrance to the intestine with our destroying agent as soon as the germ develops. How we may get the desired effect by any antiseptic which acts through the blood or otherwise has not yet been explained.

Notwithstanding this apparently discouraging prospect, I am still of the belief that we shall some time find a valuable adjuvant in this respect. If it is impossible to destroy the bacillus we may yet realize that this measure will prevent its dissemination and neutralize or at least attenuate the toxin development. If such a treatment does not reach the specific cause it certainly has a tendency to arrest intestinal fermentation and destroy the intestinal bacteria which favor the fever. While I am not able to speak with scientific conclusions on this subject, I have certainly satisfied myself of the practical value of this adjuvant. In my hospital and private practice, where I have the privilege of observing a great many cases, I have tested this principle in a clinical way for several years. I am so convinced of its efficacy that I do not hesitate to employ an intestinal antiseptic from the very beginning. The results in my treatment have, to my mind, confirmed my claim.

The agents employed for this antisepsis are indeed numerous. Many have been discarded by the authorities who at first advised them, but the profession will never rest secure until the truth of the principle is confirmed. Since the experiments with chlorine water years ago many mediums have been resorted to. Compounds of carbolic acid and iodine, beta naphthol, salol, thymol, turpentine, benzosol, boric acid, etc., have been carefully tested. Even the idea of elimination by the use of Calomel relates to this theory, for by the excessive introduction of bile into the intestine the disinfecting theory is applied. While we may justly oppose the mercurial irritation for its unfortunate reactions, we may at least admit that milder measures of that kind are essential to the proper treatment. In my practice I have received the most efficient results from the use of methylene blue. I gave this in the beginning in the first decimal potency, three or four times daily. Recent experience has taught me that this is not a sufficient dose, and I have employed chocolate coated pills of one to three grains strength, four times daily. Since I have employed this I rarely lose a case. This, no doubt, will appear to be a boastful statement, but it is evidenced by the result of many cases covering several years of experiment with this agency. I no longer dread the treatment of typhoid as I did in the past. With its use the tympanites, the fever and the delirium are minimized. I rarely now have a case of hemorrhage, and the terrible subsultus and general nervous excitement do not attend. I am infrequently now obliged to tie the patient in bed, and I enter upon the treatment with less fear and dread. Though I cannot prove my claim as an absolute verification of the antiseptic theory, I am still sufficiently satisfied in my own mind. My belief is to the effect that intestinal absorption and general toxin effect are surely limited by this means. With this help I have carried to recovery some of the most desperate cases, which a few years ago I am sure I would not have saved. The percentage of deaths in the well marked cases in my experience in Hahnemann and Cook County Hospitals has, by this means, been reduced decidedly. It seems to me that it is well to keep in mind at all times the fact that our treatment is always directed to the systemic infection. The disease is characterized by the fever, which is an expression of the sepsis, and we are called upon to treat this and not the bacillus in its incipient influence. Internal medication may have the power of limiting toxin effect if it does not reach the bacillus itself.

The Subject of Diet,

It seems hardly necessary to revert to the subject of diet. Few physicians nowadays attempt to controvert the claim for liquid diet. I am sorry, however, to say that I sometimes find a practitioner who still believes in nourishing his patient with solid food while he seeks the cure solely through the agency of his indicated remedy. For the first few days I prefer giving nothing more than sterilized water at stated intervals; a little later my plan is to give two to six ounces of milk, with an equal

amount of water, every two or three hours, and this constitutes the average diet for weeks. To be sure we must vary this somewhat in individual cases, and it must be peptonized when it is undigested. I am really convinced that much of the objection to the use of milk is an idiocyncrasy of the patient or the doctor. If milk is not tolerated I try to get along with albumin water all the time aiming to keep the patient alive with as little food product as possible. Broths in my experience are best used as we pass the danger crisis of the fever, or at least when we are fairly sure of convalescent signs. To be sure there is always a chance for an exception to this rule. I do not believe in the absolute elimination of all nourishment, for I have observed some very unfortunate results in such attempts. I do not believe any patient is able to combat this fever with no support from nourishment. There are some who still claim that nourishment is not called for until the temperature has been normal for at least a week.

There is another point in feeding which my experience has taught me to respect. When the patient is naturally anemic, and has endured the additional anemia incident to a long run of typhoid, it is often necessary to give a sustaining broth or possibly a soft boiled egg occasionally. This measure will, to our natural surprise, reduce the temperature, while it nourishes the patient and corrects the irritation of exhaustion. To appreciate the meaning of this it is only necessary to call to mind the irritable fevers which exist as the result of the exhaustion in neurasthenic states. I have seen patients who were pinched and pale, sleepless and restless and suffering from a persistent temperature about the convalescing period, who have almost instantly been relieved of fever by the careful use of strong broths and soft boiled eggs. In such cases the nervous symptoms are pronounced and the heart always shows the anemic murmur and the neurasthenic irritability. I have neglected to mention the importance of a systematic use of pure water internally. This I prescribe ad libitum, as it not only quenches the distressing thirst and acts as a diuretic as well. More than all, it is a food at all times. Nutrient enemas I have discarded on account of the intestinal disturbance which they invariably create. At best they seem to be a last resort.

Stimulation and Hydrotherapy.

Stimulation is a principle which we are liable to apply inconsiderately in disease as well as in health. The time to stimulate the heart is when it needs it. To employ such a measure before that time is a fatal mistake. Strychnia, no doubt, is indicated in cardiac weakness in this disease, the same as in any other. Whisky may be a better agent for the same purpose, and in those addicted to the alcohol habit it should be employed in limited doses from the very beginning. It is not only indicated in the extreme delirium, tremor and coma, but it will prevent these symptoms in the case of alcoholics. As it is so easily administered with milk or egg-nog I employ it in this way when it is needed.

Hydrotherapy is such a valuable and at the same time such an abused expedient that it requires some thoughtful consideration. That this means for reducing temperature cannot be discarded, I believe we will all admit. A variety of opinions as to the method of its use still confuse the profession. Too many employ it indiscriminately, and some methods seem barbarous in certain instances at least. That the cold bath, as employed by Brand, may be safely and efficiently used in some cases I will not deny, but to employ it in all cases I truly believe is a mistake. To put some delicate subjects into the cold water is a shock which cannot be endured, to say nothing about the irritation of the nervous system. I am too mindful of the fatal reactions in a few experiences of this kind to permit me to adopt it as a universal method. The cold pack is a much more merciful process, and I believe it is fully as effective. In the average case I prefer the cool sponge systematically employed, and in some instances warm or tepid water is preferable. My usual plan is to give the cool fever sponge in this way: The nurse is to bathe the exposed parts for ten minutes, then allowing the drying process to take place while the patient rests for ten minutes. This act is then repeated twice in an hour, with an equal rest period following each time. Thus the patient is sponged for one-half hour intermittently and also rests for the same length of time in one hour's attention. After this absolute rest is enforced for several hours if possible. The act is repeated in accordance with the temperature. At least one sponging of this character must be given each day. In my experience no better method than this has been found. Ironing the patient with a piece of ice over a sheet is another expedient which gives favorable results.

The Care of the Bowels.

In line with the external measures for the reduction of temperature it is well to consider the subject of enemas. There are many who still believe in not disturbing the bowels in this way, except for obstinate constipation, which they claim is rare. In controversion of this idea I am willing to state that a fair average of my cases are constipated and often need medical and mechanical help. The enema is, in such cases, extremely serviceable, but I believe it has a more general value in the sense of intestinal irrigation and absorption. The more water we get into the system of the typhoid patients the better it is for them. In the use of an enema some of the fluid will be absorbed, and its cleansing effect is, of course, admitted. My preference is for the high normal salt enema, and I use, if possible, a quart and have it retained. The beneficial effect is invariably shown by the reduction of the temperature at least a degree in a short time. If the temperature remains above 103 F. I have it repeated, and in severe cases it may be used several times daily. Involuntary movements would contraindicate it. The average case in my practice gets it every morning. The general effect obtained from the systematic use of this agency will be observed in the absence of extreme tympanites or wild delirium. Of course, we all recognize the benefit obtained in serious cases from the subcutaneous or intravenous introduction of a saline. We are too liable, however, to forget that this might not be necessary if we

persistently use the normal salt enema every day or several times a day. The great trouble in our practice is the fact that we do not anticipate danger often enough. Too many of us treat typhoid fever indifferently until the serious phases appear; then our efforts are often too late. When the signs of tympanites are pronounced it is well to add five to ten drops of turpentine, with egg emulsion, in each normal salt enema. This, with the addition of turpentine as an internal remedy, will invariably correct this symptom.

The value of rest is too often overlooked as a therapeutic principle. To be sure every chapter on treatment starts off with this importunate statement until it has become a commonplace expression, which attracts little attention. In reality we should think seriously on this phase. The nervous manifestations of the disease are marked, and, in fact, unless absolute quietude prevails, the patient may wear himself out with the incessant nervous irritation. The delirium, subsultus and general nervous twitchings are always made worse by surrounding excitement. The temperature, in the latter stages, is, to a considerable extent, of the irritative kind, and the soothing influence of quiet will help it, as it relieves the high arterial tension. The rest cure is indicated in no disease more thoroughly than in this.

Diarrhea and intestinal disturbances, which are particular features of the fever, may sometimes become so troublesome as to demand unusual attention. Ordinarily the intestinal antiseptic, the remedy and the normal salt enema will attend to these errors. Again they may arise from over-feeding, or they may indicate that the selected food is an irritant. The colicky pain and tenesmus may denote a peristaltic unrest, which will later become serious. For the correction of this it is best, first of all, to withhold milk and albumens and administer only the mucilaginous soups or cocoa. Weak tea has been advised by some, and a small amount of wine may not be contraindicated. The enema also in certain cases may prove to be a disturbing factor, and it will be best to stop it, at least temporarily. The best method is to study carefully for the remedy which is affiliated to the particular case. Yet it is often a very difficult matter to find distinctive or suggestive symptoms in a patient under the influence of typhoid depression or delirium. Thus it will be incumbent upon us to utilize well known expedients in this respect. Opium has an established efficiency which should not be overlooked. In connection with this intestinal disturbance gastric irritability is often just as distressing. Therefore, for this reason it will be just as mandatory to change the food or suspend it for a while until the stomach shall gain adequate rest to control the vomiting. Remedies which meet this symptomatology will be equally useful. This phase of treatment should receive more than casual reference because we meet so many cases with profound intoxication and marked gastric irritability as the result of incautious diet in the early stages.

Hemorrhage is one of our greatest fears in typhoid. Fortunately, however, our more modern and painstaking treatment has lessened the frequency of this occurrence. I still hold that the antiseptic treatment and the judicious diet will curb this danger. Yet when it appears we must be prepared to meet the emergency with skill. The icebag, or, better, the coil, with ice cooled water, should be immediately applied to the abdomen. Ice should also be administered by the mouth. Opium or morphine should at once be used hypodermatically to arrest peristaltic excitement. A pill, containing one grain of lead acetate and one-quarter grain of opium, is a serviceable combination to use regularly after the hypodermatic remedy has served its purpose. Aseptic ergot has been advised in extreme emergency, but adrenalin chloride will doubtless better take its place. All food and stimulating remedies must be discontinued. Normal salt solution may be given per mouth at stated intervals, as it has a marked hemostatic influence. The baths and other adjuvant treatment must be temporarily abandoned that the patient may be given over to complete rest and freedom from excitement. The bed must be elevated to relax abdominal tension. Nitric acid is still my best internal medication, though we may favorably consider other such remedies as China, Ipecac, Secale, Hamamelis and Ferrum.

Intestinal perforation is beyond the reach of the physician. Previously we have been obliged to stand by and see our patients die when in this condition. Our surgical brethren have here come fortunately to our rescue. The recent results of operative interference in this respect have more than justified the procedure. We shall, no doubt, find in the future, like appendicitis, this phase of the disease is purely surgical. The danger of anesthesia in such states of depression have been greatly lessened by the successful use of cocaine. The points above enumerated do not in any sense comprise all that might be said of the treatment of typhoid. They will suffice perhaps to awaken our attention to a more thorough consideration of the older method, but more particularly, I hope, they will direct us to the study and appreciation of the more modern suggestions of scientific investigation. The deductions of pathology may not tell us how to prescribe, but such knowledge is surely essential in the correct management of a case. It is a mistake in principle as well as in practice to hold to erroneous theories, no matter how deep-rooted our prejudice may be. Medical science is telling us daily how to circumvent typhoid, but, better than all, it is teaching us how to properly care for it. We must be alive to the best suggestions and avail ourselves of these for the sake of mankind.

It would be incomplete to end any discussion of this subject without reverting to the care which is required during convalescence. This is a period in which the greatest mistakes are liable to occur, for here we must contend not alone with the ravishing hunger of the patient, but the meddling of friends as well. To obviate this it is safer to keep the patient in bed for at least two weeks after the temperature has become normal. In this way it will be within the physician's province to regulate the diet and incorporate the remedial requirements. We also too easily forget the danger of cardiac dilatation, or at least the functional perversion, which is

an invariable sequence of the infection and fever prostration. Physical strain at this critical time is liable to be a patient's error unless the physician is supreme to the end.

Internal Medication.

So far I have said but little relative to the internal medication in the treatment of this disease. I would not infer by this that I place all my hope in the technique mentioned above. I would argue, however, as to the importance of this general care. No treatment to my mind is correct unless these rules are regularly and systematically followed. To feel that no other means are within our reach is an equal mistake. No two patients suffer exactly alike, nor do they respond equally to similar treatment. For that reason we must individualize carefully in each case. The peculiar and prominent symptoms which point to variations in pathological expression and toxin effect will surely be symbolic of the physiological action of some proven remedy. This is a tenet which we believe and the axiom has been satisfactorily explained to us by the success of our practice. We do not mean by this that it is the only principle of practice, but it has been sufficiently successful to demand the fair investigation of those whose sole aim is unbiased practice for the sake of a cure. We are pleased to find in so many of our modern textbooks the reference to the "symptom complex," and the hint that it must be employed in the selection of remedies. When tolerance for all that pertains in the pursuit of our work shall be recognized as a virtue the bigotry of sectarianism will disappear.

Our remedies are indeed well known and little time is necessary for their recapitulation. If I were to mention my favorites I should speak of Baptisia and Arsenic. The former in its typical symptomatology conforms so closely to the picture of typhoid that we almost see the disease when we recall its delirious stupor, temperature, dry tongue and general signs of slow intoxication. To my mind it should be used for the antiseptic effect, and for that purpose the tincture is its best form. This does not in any sense resent its similimum suggestion, nor is it antagonistic to the study of potency in other respects. When it is once indicated it should not be discarded for intercurrent symptoms, and it is often advisable to continue it well through the febrile stages. No other remedy will more safely subdue the symptomatic expressions. In line with this we may properly consider Rhus toxicodendron, Ecchinacea and Gelsemium.

Arsenic portrays the effect of the fever when temperature begins to subside. It shows the dynamic results rather than the first signs of infection. It should come in when the tide is turning towards exhaustion and the anemic pallor shows the circulatory depression. It is our best tonic for the heart when the myocardium is ready to degenerate, and this is of vital consequence in the treatment of the functional murmurs which are liable to ensue at this time. I do not mean that it has such a stimulating action as remedies like Digitalis, Convallaria, Adonis or Strychnia, but its gradual sustaining influence is better. It may not aid in the restoration of hemoglobin like ferrum, but its vasomotor superiority is evinced by its more perfect action on the arteriole structure. As a general tonic it applies with equal force to the alimentary weakness, and here the utility of remedial effect should always be directed. This I believe gives best effect in the third decimal potency.

There are other remedies which come along in the natural sequence of symptomatology. For instance, we must give due thought to that class of symptoms which refer to the conditions of nervous irritability. No better agents are known for this emergency than Stramonium, Belladonna or Hyoscyamus, which at once subdue the nerve excitement and allay the delirium and temperature. When nerve spasm becomes a complication Agaracine, Ignatia, Ammonium and Zinc valerianate will invariably come to our rescue. And so we might continue our enumeration ad infinitum to confirm the truth that our remedial attention must apply to a totality of symptoms which define the individuality of each case. If this principle is appreciated in conjunction with other up-to-date and scientific adjuvants the terror of typhoid may cease to intimidate us.

A METHOD FOR THE RELIEF OF OBSTINATE HICCOUGH.

BY HUDSON D. BISHOP, M. D., CLEVELAND, OHIO.

The occurrence of obstinate and persistent hiccough during the course of any disease is often a very serious complication, and clinical data bearing upon its relief are of value to medical men. I have recently had successful experience with a method which proved itself efficacious and undoubtedly saved the patient's life.

The case was an appendectomy with fæcal fistula and drainage. Forty-eight hours after operation, and before adhesion had become firm about the gauze drain, hiccough began. The condition of the patient was good, no constitutional symptoms or any indication of local or general peritonitis existing.

The remedies which I had used with success in similar cases occurring in abdominal work were used without any permanent relief. These measures included Amyl nitrate inhalations, Moschus, Oil of amber, counter-irritation over the stomach, lavage of the stomach and finally Cocaine internally and Morphia hypodermatically. By the time this array of remedial agents was exhibited, and effects noted, the hiccough had lasted for twelve hours, the patient was rapidly becoming exhausted, and in spite of strapping of the abdominal walls with adhesive plaster strips damage was being done to the abdominal wound and the viscera about the appendix.

I was greatly alarmed and called upon my colleagues for suggestions, but without avail. For several hours I had been cognizant of an indistinct recollection of having read of a cure of hiccough that had something to do with the tongue and hyoid bone, but I could not definitely recall it. Finally I had an inspiration. I thought of my American Year Books of Medicine and Surgery, books about which I always hesitated before buying, but which I have always bought. I could not leave my patient, but

phoned my wife at midnight and set her at work finding all that she could upon hiccough, and particularly regarding the above-mentioned method. In one-half hour I had what I wanted.

In the 1897 year book reference is made to a report made by Lepine and Viaud of a case of rebellious hiccough which was cured by traction upon the tongue; also, a method of Matthieu, which consists in having the patient breathe regularly and vigorously from 45 to 50 times per minute. In the 1901 year book a case is reported in which Koplinski obtained complete relief in an alarming case of hiccough by firm pressure on the base of the tongue by means of a large spoon handle.

With these data in hand I formulated the following procedure, which was successful in checking the hiccough. I placed the bowl of a heavy teaspoon, concave side down, back of the base of the tongue and pressed downward and forward, the mouth being widely opened and the head thrown back. Simultaneously with this manoeuver the patient made twenty deep inspirations as rapidly as possible. The hiccough ceased as if by magic. Three hours later it returned and was instantly checked by the same method. It returned four times during the next twenty-four hours and was stopped each time, the patient, himself, manipulating the spoon.

The relief each time was instantaneous and convinced me that in this case at least we had an efficient remedy for a dangerous complication.

I report the case because of the fact that the method is a new one to every medical man to whom I have mentioned it, and I feel that such a simple means of cure should be as widely known as possible.

Rose Building.

Materia Medica.

PICRIC ACID.

BY O. F. MILLER, M. D., LOUISVILLE, KY.

Picric acid is formed by slowly dropping Carbolic into fuming Nitric acid. Its formula is $C_6H_3(No_2)_3O$., and it crystallizes into yellow crystals, which are soluble in water. It has also a very bitter taste, whence its name, "Picric," from the Greek *"pikros,"* meaning *bitter.* It dyes silk and wool yellow, but does not dye cotton, hemp or flax.

Its synonyms are trinitrophenol, Nitrophenisic ac., Carbazotic ac., and it is stated to be a nitro-substitution compound of Phenol.

In considering the action of this powerful drug we find its force expended in such a manner as to act profoundly upon the blood, devitalizing and disintegrating the blood corpuscle in a marked degree, and also causing an intense congestion of every organ and tissue through a paralysis of the vaso-motor centers in the upper portion of cord; there is also softening and degeneration of the cortex cerebri, cerebellum and cord.

A microscopical examination of the blood shows the red corpuscles degenerated and vacuolated by fatty metamorphosis, shiny granules appearing in motion, whirling about the space within the cell-walls, while some corpuscles may be observed with a quivering motion in their whole substance.

The red corpuscle becomes blanched and appears colorless, causing a seeming increase in the white element.

As a whole the blood appears of a dirty, brownish-red color, watery from a deficiency in fibrin and containing a great number of pale, faintly yellow crystals.

Post-mortem examination of heart shows the auricles to contain black, firmly compressed clots, not formed by coagulation, but by the firm compression exercised by the auricular walls, forcing out all the fluid elements of the blood.

The spleen is shrivelled and wasted, its corpuscles small and its blood-containing cavities few, while large and numerous granules of coloring matter may be seen present.

The liver is congested and its cells filled with minute, fatty granules, the free edge for the width of an inch or more presents a dark green almost black band, due to the utter stagnation of disorganized blood products in the capillaries of its periphery.

Throughout the length of the intestine may be found a reddish, jelly-like mucus, the coloring due to the iso-purpurates of Sodium and of Potassium formed by the union of the Sodium and Potassium of the blood corpuscles and plasma with the Picric acid.

The intestinal villi are congested and many are denuded of their epithelium, allowing the free escape of the fluid parts of the blood into the lumen of the intestine.

The capillary circulation of the kidney is also intensely congested, allowing the blood plasma to transude. Albumen and sugar are found in the urine, as also are phosphates, urates and uric acid. It is somewhat of a query as yet how much of the jaundice observed is due to the coloring action and how much is due to the blood disorganization and excessive congestion of the hepatic circulation, the liver being crowded full of the dead blood corpuscles.

Beyond a few slight adhesions of serous surfaces there are no signs of inflammation, simply a congestion everywhere, and this has been stated by some to follow the administration of very minute quantities of the drug. The extreme prostration noticed in all provers seems to be due to the destruction of the oxygen carrying capacity of the blood. The cell nuclei perish first, the Hæmatin crystallizes within the corpuscle and is thrown out into the circulation with the other products of the cells—death. Paralysis follows the poisoning of the blood current, especially of the vaso-motor center, causing stasis, softening of cord and cortex, which ends the scene.

In patients who are susceptible to this drug its local application has caused vaginitis, with vesiculation, accompanied by a profuse and excoriating discharge and intense pruritus, erosions of the cervix, etc.

After applying locally to a slight burn on the cheek Dr. Clerc, of Paris, found symptoms to follow such as "Itching over whole body, swelling of

face, followed on the third day by a scarlatiniform eruption over the body, arms and legs. The volar surfaces of hands and soles of feet were covered by painful blisters, no fever attending the eruption. Examination of the blood also revealed an increase of eosinophiles to 15 per cent. of leucocytes."

Its symptomatology shows the drug to be a very important one and one to be used more frequently than it appears to be.

Its most characteristic symptom is "General prostration," both mental and physical. In brain-fag and neurasthenia, worse from any mental effort.

In sexual weakness, with general exhaustion, threatening paralysis. In nephritis, with great prostration.

Conjunctivitis, worse in right eye, from cold air or cold water; difficult to keep eyes open, sticky sensation when reading.

In the thorax we have "Dry cough, as from dust in the throat; sense of constriction about the chest, as of a band, similar to cactus. In the limbs there is a sense of heaviness and of weakness, worse on left side; there is numbness and feet feel as if frost bitten; like Agar., the feet are cold.

Its modalities are aggravation from study, after sleep (like Lach.), and from motion; better from open air, from walking in open air, from cold water and at rest.

Clinically Picric has been found of service in varied conditions.

In aural affections cures are reported in furuncles and circumscribed inflammations of the meatus, especially subacute and chronic forms, in debilitated cases, with redness and local tenderness of meatus.

In acne, indurated and elevated papules, dark red, painless, but sore to touch, on the surface of which there is developed very small pustules, Picric ac. has proven curative.

In peripheral nervous disturbance, such as result from retro-flexions of uterus, there is burning and weakness of back, tearing in lumbar region, legs weak and heavy, with numbness, often frontal headache, but most frequently occipital, with coldness of extremities.

In neurasthenia from excessive work sallow skin, poor digestion, a worn, worried expression, feeling always so tired, mental processes could not be sustained continuously. Attention is diverted by day dreams, dull occipital headache. These symptoms have been quickly relieved by Picric acid.

Locally Picric ac. is of some prominence. In applications to the uterine cervix in erosions it has proven of great value, either applied directly in the crystal or in solution in glycerine.

In acute congestions of the uterine tract, stubborn leucorrhœas, etc., its application by means of suppositories has been found efficacious.

In the treatment of superficial burns and scalds a saturated solution of the acid after the following formula:

Pic. ac. .....gr. xc (90)
Alcohol .....℥iij

Mix and dilute with one quart of water. Is much used, especially in France. It is claimed that the acid deadens the pain and limits the tendency to suppuration. A smooth and supple cicatrix remains, very unlike the usual scar from granulation. It is objectionable to some on account of the staining of the hands, etc., but a saturated solution of Boric acid will readily remove the discoloration.

Study of this remedy will amply repay the careful physician, both as to its local and internal application.

As the acute congestion spoken of in the early part of this paper has been observed to follow the administration of this remedy in the 30th dilution I would suggest the use of no potency below this in the treatment of any derangement calling for this remedy, although potencies ranging from 6x to 12x are those usually recommended.

I would be pleased to receive written reports of the results following the administration of this remedy, giving disease conditions, symptoms calling for the drug and results following. I hope some one will try its local application in eczemas, erysipelatous conditions, etc., as well as in spinal conditions. I would like to suggest its use also in anæmias, especially of the pernicious types, idiopathic variety. The fatty degenerations, the abundant deposit of hæmatin and hæmatoidin in the hepatic periphery, the slight, but distinct, yellowish hue of the skin, the intolerance of any mental or physical exertion, the great weakness and especially the intense headache, nausea, anorexia, the remarkable air hunger, the destruction of the blood corpuscles and hæmoglobinæmia, all seem to point to the possible usefulness of this drug in that almost uniformly fatal disease, progressive idiopathic pernicious anæmia.

P. S.—Since writing the above I have been informed by Dr. L. C. Wells, of Cambridge, O., that he has used Picric acid in solution in olive oil with great success in cases of burns, markedly mitigating the pains present and promoting healing in a rapid manner.—[So. Hom. Society.]

ANTIMONY.

BY A. LEIGHT MONROE, M. D., LOUISVILLE, KY.

The two Salts of antimony used by the homœopathic physician are Antimonium crudum and Antimonium tartaricum, the latter a tartrate of Antimony and Potash. Man is a hollow system of tubes, with a white outside lining and a red inside lining. It is on these linings that Antimony acts. Antimonium crudum acts mostly on the mucous membranes below the diaphragm; Antimonium tartaricum on those above the diaphragm. Both have a condition of torper and an atonic condition with mental dullness, and are suited to the diseases of the extremes of life, infancy and age.

I have chosen to write about them because I do not think they are used often enough, especially the Antimonium crudum is indicated in acute gastric troubles after mixed over-eating, with thick, white fur on the tongue.

There is flatulence, belching and diarrhœa, watery, with undigested lumps and phlegm in the stools. There is always catarrh and much phlegm in the mucous membrane troubles of the antimonies.

In the chronic gastro-intestinal catarrhs of old

people, with alternating constipation and diarrhœa, it is the remedy par excellence. The characteristic stool begins hard and constipated and ends loose and watery, with phlegm.

It is one of the best remedies we have for the tendency to the formation of corns and callosities on the skin surfaces, especially when there is much friction.

Antimonium tartaricum gives us capillary bronchitis in children, with great accumulation of phlegm. There is cough, but no expectoration, mental dullness and sweat. Child turns blue with cough.

Ipecac is similar, but the rales are in the larger tubes and the condition is not so desperate.

Opium is nearer still.

Lycopodium in old people, with much abdominal flatulence and coma..

If I may use such a term Antimonium tartaricum is one of the best homœopathic "expectorants" we have.

Carbo vegetabilis should not be forgotten in the atonic bronchial catarrhs of old people.

Containing Potash in its composition Antimonium tartaricum is very similar to the Kali salts in its physical depression and catarrhal conditions. The action of Antimonium tartaricum on the skin is to produce an umbilicated pustule exactly like that produced by small-pox, and follows Rhus in that disease after suppuration begins.

Surgery.

THE LORENZ OPERATION.

BY STEPHEN H. KNIGHT, A. M., M. D., PROF. SURGERY DETROIT HOMŒOPATHIC COLLEGE, DETROIT, MICH.

The advent of Professor Lorenz, of Vienna, has given an impetus in this country to the study of orthopœdics, especially for that method of treatment in which manual correction of deformities and manipulation supercedes cutting and braces. The daily press has given such exaggerated and distorted accounts of Professor Lorenz's work that many have imagined his performances to be little short of miraculous. Truly he has shown himself to be a master of his methods, patient and careful in execution, and usually successful in his results.

The operation that he has particularly brought to the attention of the public has been what is known as the bloodless method for the correction of congenital dislocation of the hip joint. This operation was by no means unknown in this country before. Recent text-books give a good account of it, and the leading orthopœdic institutions of the country have at least given it a fair trial.

Before describing the operation in detail and relating the cases recently under my care it may be well to briefly review the subject of congenital dislocation, more properly, perhaps, misplacement of the hip joint. It is by far the most important of all the congenital displacements. It occurs more frequently in females than in males in the ratio of six or seven to one. More frequently also is it unilateral than bilateral; usually also the head of the bone is upon the dorsum ilii.

Dupuytron previous to 1830 demonstrated the condition of the parts of the lesion, and when in 1890 the first open operations were performed the exact relation of the different parts of the joint were laid patent to the eye. The condition varies with the age of the patient. The younger the child, and the less the strain that has been put upon the joint, the more nearly normal it will be found to be. As the patient grows older, and the joint is used, the acetabulum will be found to depart from the normal and become shallow, irregular in shape and possibly filled with fat, cartilage and fibrous tissue. Generally we find a well-marked ridge, indicating its posterior and upper margin, over which the head of the bone slips when reduced to its proper position. The capsular ligament is drawn out of shape, hypertrophied, and in its upper part contains the head of the bone. It is often hour glass in shape, and the anterior wall is drawn tightly across the acetabulum with a slit-like aperture along its upper border. This hour glass contraction forms one of the barriers to the reduction of the dislocation and presents the head of the bone from properly entering the already too shallow acetabulum. The ligamentum teres is drawn out and ribbon-like, and in many cases it has entirely disappeared. Sometimes a second acetabulum is formed by the pressure of the head of the bone; usually it is a very poor substitute for a normal acetabulum.

Efforts to find any particular cause for this deformity have failed. There may be some little hereditary influence, but even this will not account for the large majority of cases. We can only explain it as we explain hare-lip, etc., due to defective development.

The deformity in any particular case may be recognized rarely before the child walks by the breadth of the pelvis, a lump on the buttock or a snapping about of the joint; usually, however, it is not until the child walks that it is determined that there is anything wrong. Then we have a limp, due to the shortening of one leg and the elasticity of the capsule—a lunge as in going down stairs.

Shortening is from ½ to ¾ in children to 1½ to 2 in adults. The pelvis is tilted toward the short leg and the head of the bone is upward and backward. We are now able to recognize a flattening of the buttock, and the trochanter is not on a level with its fellow, but near that of the anterior superior spine. The joint has an abnormal motion in childhood and the leg can be stretched down and then up, but this is lessened with the age more and more until in adult life we may have a permanent adduction and flexion. It is well that females are affected more than males, because of dress and occupation.

When the displacement is bilateral the shortening is generally equal, and as the bones are both displaced backward the pelvis is tilted forward and the hollow of the back is increased, the abdomen protrudes, the pelvis is abnormally wide, the thighs are separated and we have a gait like the land gait of a sailor.

Treatment.—Dupuytren, after his careful study of the anatomy and pathology of the lesion, stated

that it was practically incurable and beyond help even of palliation. In 1890, however, Hoffa, of Wenzburg, performed the open operation, as it is called; that is, he cut down upon the joint, opened the capsule from behind and gouged out an acetabulum sufficient in size for the head of the bone. This procedure is in vogue at the present time, and is indicated in those cases too old for the typical Lorenz operation, and for those in which this has failed. A third method combines the open operation, in so far as the joint is opened, but the acetabulum is not gouged out at the time, but the action of the bone is allowed to grind out a repository for the head of the bone, as in the Lorenz operation.

This brings us then to the subject of our paper, the "Lorenz Operation," to which there are three stages.

First, we have the "elongation of the extremity." The trochanter must be brought down to Nelaton's line or lower. We may accomplish this by previous tractions with heavy weights in bed, or by force under an anæsthetic. This latter will do with young children. An assistant clasps the child about the perineum and fixes the pelvis, then by alternate stretchings and relaxations the foot is brought down with ever-increasing force until the leg is as long or longer than the other and lies completely relaxed in a position of abduction. This takes ten or twenty minutes.

The second stage is that of reposition. The head of the femur is now forced over the ridge that represents the acetabulum and through the contraction is the capsular ligament. The thigh is now flexed to 90 degrees to relax the capsule. It is then gradually and forcibly abducted under traction, the thigh is then rotated slightly inward so that the head of the bone may point toward the opening in the capsule, and while traction upon the thigh is continued with one hand the other exerts pressure upon the trochanter and the head of the bone, which is then lifted over into the acetabulum. A distinct snap may sometimes be heard. Extension and abduction will displace the bone.

The third stage is that of acetabulum formation. We now must enlarge the opening in the capsular ligament, while the head of the bone is forced through the opening. The leg is rotated out and extended in order to stretch the anterior wall of the capsule, which is over the acetabulum tightly, then turn child on side and make direct pressure while flexing and extending leg.

The thigh is fixed with a plaster bandage in extreme abduction, moderately flexed and inward rotation.

Case I. This operation I thoroughly explained to the class of the Detroit Homœopathic College in a course of lectures given during the session of 1901 and 1902, but it was not until last winter that a proper case for operation presented itself in the clinic. Helen A., nearly five years old, came in October to the college dispensary to my out-door clinic. The diagnosis was then made of a unilateral, congenital dislocation of the hip upon the left side and the class examined it with much interest, as about that time the celebrated Armour case was of recent occurrence and the papers every day chronicled something about Professor Lorenz and his work. It was not until December, however, that the child presented itself at Grace Hospital for

CASE NO. I. FIGURE NO. I.

operation. In the presence of the students of the college and a number of the Detroit physicians I performed the "bloodless" reduction according to

CASE NO. II. FIGURE NO. II.

the method just recounted. The reduction was successful, many of those present being able to hear the snap as the bone went into place.

FIGURE NO. III.

The plaster bandage was then put on and has been changed three times in the course of treatment.

At the present time a cure can be reported. See figure No. 1.

Case II. In private a little girl twenty-one months old and only just beginning to walk. Her mother had noticed that before the child began to step, that as she sat in bed, one leg of the child seemed "shorter" than the other. Examination revealed a congenital dislocation of the left hip. An X-ray picture confirmed the diagnosis (see Fig. No. 2) on January 4, 1904. I performed the Lorenz operation at Grace Hospital, accomplishing a successful reduction. The leg was put in a plaster cast in the position of extreme abduction, flexion and inward rotation.—[Mich. Hom. Soc.]

PERIOSTITIS WITH BONE CARIES.

BY A. B. SPINNEY, M. D., REED CITY, MICH.

Periosteum is the name given to the strong, white fibrous membrane that closely envelops bones, excepting such of them as are covered with cartilage. This membrane is connected externally to adjacent cellular substance, and, therefore, indirectly with muscular tissue; the inner surface adheres closely to the bone by means of short, strong fibres, which enter the numberless foramina on the surface of ossific structure.

Although fibrous tissues are not as liable to be attacked by inflammation as other textures of the body, still when such abnormal action is found the sufferings of the patient are often exceedingly severe; and if the inflammatory process be considerable or acute it is seldom limited to the tissue originally affected, but extends to all the surrounding parts.

Great pain is the usual attendant upon this disease, whether acute or chronic, and when in the former variety, if the inflammation has extended to the bone, the sufferings of the patient are excruciating. This increase of suffering may be readily accounted for, if we remember that the inflammatory process progresses with greater rapidity in tissues which are secondarily involved, consequently there is a greater amount of exudation, which, being confined by the external membrane, tends greatly to increase the pain.

The swelling in periostitis is small, compared to the violence of the inflammatory action; this may also be explained in the same manner alluded to when speaking of the usual degree of pain that is present in the disease, viz., the confinement of the exudation. All the symptoms are aggravated at night.

The constitutional symptoms are well marked in periostisis. If the disease be acute there is a high degree of inflammatory fever; if chronic the system is gradually undermined by the continued loss of sleep, caused by the severe nocturnal sufferings. Emaciation, loss of appetite and spirits, and hectic, often supervene, rendering the patient extremely miserable.

In the acute form of the affection the membrane is softer and loosened from its connection with the subjacent bone; in the chronic variety it becomes more dense and adheres with unnatural firmness.

When inflammation does not become fully established, or, in other words, if active congestion be only present, fibrin is exuded, and the swelling is termed a node, which, when arising from syphilis, is denominated the venereal, when complicated with the results of large doses of Mercury, the mercurial, or the two causes may be combined, giving rise to the mecurio-syphilitic node.

If inflammation proceed a step further, and the bone becomes involved, a purulent formation (abscess in the bone) is the result, which, not being able to approach the surface from the strength and non-ulcerative property of the periosteum, extends laterally, denuding the bone of its membrane.

The same process may be present in ossific structure, as has been heretofore related concerning inflammation occurring in other textures; the inflammatory process having established suppuration, gradual molecular disintegration (ulceration) of the bone may ensue, and if this be not restrained necrosis may take place.

Now, this subject I propose to discuss, and the point that I wish to make, relates entirely to chronic periostitis progressing to necrosis with exfoliation of decayed bone.

Many years ago when in practice in East Saginaw I had a patient consult me, a gentleman about forty-five years of age, who had fallen down the steps of his market and injured the periosteum in the upper portion of his tibia. Before he came under my notice he had passed through the acute stage of the disease and he had been bed-ridden for several months; had had all the inflamed surface laid bare by a competent surgeon, and the bone thoroughly scraped. Instead of this arresting the disease it increased its violence. It extended the whole length of the tibia, sinuses through the ankle joint and bones of the foot and caries in different sections of the entire length of the tibia with an inflammatory condition of the periosteum of nearly all the bones of the foot. There were openings extending down the tibia from fifteen to twenty in number, and on passing a probe into these you would come in contact with sections of dead bone, but none of them loosened from their attachments. There were no sequestriums clasping new bone formations, but there were sinuses in the diseased bone at many points.

I said to the gentleman: "There is no hope of your leg; the only thing to do is to amputate it." His general system was anæmic, nervous system exhausted and the usual train of symptoms from such long protracted suffering as he had endured. He would not consent to an operation, nor would he allow any more cutting or scraping of the bone he said.

As he was an intimate friend of mine and of my family, and his physician would not do anything more for him unless he had an amputaion, out of sympathy I made an offer to do what I could for him, not expecting to save his limb, but the efforts which I put forth taught me a new lesson in the treatment of this formidable disease, and the point which I wish to make before this convention and bring out for your discussion is this:

Never expose the diseased periosteum, or irritate it, or scrape it, or attempt to remove dead bone, only

where there are sequestriums formed in the inflammatory stage of the periosteum; believing as I do that it would serve as an irritant upon the periosteum not involved and cause the disease to spread instead of progress to recovery. To my mind it is like an amputation in the soft tissue, as in gangrene, sloughing before the line of demarkation is formed.

In this case I had a poke-root poultice made, steeping the roots and stirring in flaxseed as a vehicle or slippery elm, and enveloping the whole limb each night until the whole inflammatory condition was reduced. Each day I had the sinuses all syringed out with a solution of Carbolic acid as strong as could be borne without irritation, and gave him to take internally the various remedies recommended by our school. As fast as any bone exfoliated, as the repairing process went on, I had him call in a surgeon to open up the skin and cellular tissue and remove the dead spicula of bone. I had the case under my observation for a few weeks. I then went to Detroit and took up my position as professor of anatomy and physiology in the Detroit Homœopathic Medical College.

Shortly after this time I wrote this party and told him if he would come down there that I would amputate his leg for nothing. He thanked me very kindly for such an offer, but told me he was improving very rapidly. I kept up his treatments by correspondence, saw him four or five months afterward, and to my astonishment found that new bone was forming rapidly, the diseased bone was being thrown off, and nature, through this kindly means, was repairing her loss. In the progress of this case there were between forty and fifty pieces of bone removed, spicula large and small, and some more than two inches in length. The suppuration ceased, and at the end of a year's time all the sinuses were healed, new bone had formed to replace the old, and in the course of the next six months he again used his limb and foot, and in less than two years from the time that I saw him he walked without any trouble, and to the last of my knowledge was colporter and kept up his exercise as though he never had had a diseased limb.

There is no invariable rule that can be laid down in these cases, but since that time I have treated many cases of periostitis with bone caries, always removing, with the greatest of care, all dead bone, always avoiding exciting any inflammation upon the periosteum of the healthy bone, and I have made up my mind that conservative surgery with constitutional remedies and especially homœopathic specific will save many a limb and many lives that it is thought can only be cured by and through the use of the knife and of the more radical forms of surgery advised in these cases. I have found in these cases great benefit from the use of cod liver oil as a builder of the whole system, and to aid in supplying the necessary fuel for the body, and, outside of the homœopathic remedies with which you are all familiar, I have had great results with the poke-root poultices in the acute stage.

In this gentlemen's case there was no syphilis. In any case of that kind the constitutional remedies should, of course, be in keeping with the specific disease which is caused in an entirely different way from a case arising from injury or bruise.

Another very important case I had was of a diseased sternum bone. Over half of the sternum was involved. There were sinuses nearly an inch in depth, and the patient objected strongly to surgical interference.

I used constitutional remedies in this case, especially Silicea and Calcarea carbonica, and used the poke-root poultices. In addition to this I used injections of Sulphuric acid, one part to from four to eight parts water, which dissolved the exfoliated and diseased bone. I kept up this injection until all the diseased bone was slowly thrown off, and, though it took a year's time to cure the case, new bone filled in and she has never had any return of the disease or any symptoms pertaining thereto. Sulphuric acid, as strong as could be borne safely without injury to the soft tissue, has done admirable work for me in many cases.

Thanking you for the attention that you have given to this paper, imperfect as it is, prepared with great haste and with no regard for literary merits or scientific relations, but only to bring out as one point for discussion the cases to which I have referred, I hope to hear the opinions of others on this feature of the subject.—[Michigan Homœopathic society.]

ANÆSTHETICS.

BY W. J. BLACKBURN, M. D., DAYTON, OHIO.

Not that I have anything especially new have I brought this subject before you, but because it is a subject with which we all have more or less to do and one whose importance I do not believe is fully realized. I make no claim for originality in this paper. Acknowledgments are due to various textbooks and medical journals for many points and statements in the article. In my perusal of medical literature on this subject I have endeavored to collect what I consider some of the most important facts and suggestions, and these, together with some of my own views on the subject, shall constitute this paper.

It is a subject about which we cannot be too well informed, and even if we think we are well up along this line we are often at a loss to know what caused the sudden and unexpected death, for the best anæsthetists sometimes lose patients as well as the best physicians and best surgeons. But with all its drawbacks and dangers anæsthesia is one of the most glorious achievements of science. Were it not for the branch of medicine thousands of surgeons who enjoy the confidence and receive the praises of both their fellow-physicians and laity would have to look elsewhere for fame.

The history of anæsthesia dates back to Revolutionary times, when Nitrous oxide was discovered by Priestly, in 1776. But not until 1800 was it announced that it might be used for surgical purposes. Its practical value, however, was not demonstrated until 1844.

Physicians are often asked: "Doctor, is it safe for me to take 'gas' to have teeth extracted?" Hence a brief consideration of Nitrous oxide is not out of place here.

This statement is not to be construed to mean that it cannot be used except to extract teeth. It is an ideal anæsthetic for all minor surgical operations which can be done in a short time. It has been used to perform operations for hæmorrhoids, breast amputations, etc. It is not a desirable anæsthetic for examination of fractures and dislocations, as it does not allow complete muscular relaxation. It is the safest of all general anæsthetics, the fatalities from its use being practically nil. In the hands of a competent man Nitrous oxide should rarely cause death. It has been given under more unfavorable conditions with less preparation and a lower mortality rate than any other general anæsthetic. In this country the death rate is said to be less than 1 in 1,000,000 administrations. This gas is best given mixed with Oxygen, if it is to be given to aged or very young. Its contraindications are few. In confirmed alcoholics the weak and debilitated and very young children use with caution. Organic disease of heart, lungs or kidneys do not offer special contraindications. One writer says: "Organic disease does not involve any additional risk whatever to the patient." However, I consider this a very broad statement. Any one whose vital organs are below par cannot be as safe a subject for any general anæsthetic as one who is in a normal condition; so while the above-named conditions do not contraindicate Nitrous oxide, yet we should exercise caution when such patients present themselves.

But the two general anæsthetics that interest us most are Ether and Chloroform.

Ether was first used in 1842 by Dr. Long, of Georgia. It is prepared by action of Sulphuric acid on alcohol. To test the purity add Oil of copaiba. If pure it remains clear. If water or alcohol be present it forms an emulsion. Ether as compared with Chloroform is much safer, the proportion being about 5 to 1 in favor of Ether. Besides possessing greater safety it also has less marked after effects, greater rapidity of induction of anæsthesia, equal muscular relaxation and less shock. We may say further in comparison with Chloroform, Ether kills slowly, Chloroform quickly. Thus Ether gives plenty of warning, Chloroform often none at all. Ether kills by asphyxia, Chloroform by cardiac paralysis. Ether is safer in the healthy and strong than in the weak and debilitated, but Chloroform is nearly as fatal in strong and vigorous as in the weak. Ether does not demand the skill for administration that Chloroform does. Unfavorable symptoms are more easily overcome under Ether than Chloroform, treatment often doing no good whatever under Chloroform. It has been claimed that the death rate was just as great under Ether as Chloroform, when the after effects of Ether were considered, such as development of disease—principally pneumonia—some cases having developed a few hours after anæsthesia. Œdema of the lungs and broncho-pneumonia may also occur. Some writers have given the cause for above-named disease as being due to removal of patient to cold ward after operation, the operating room generally being very warm. I believe this criticism a just one. We cannot be too careful in protecting well the patient and having ward or bedroom at proper temperature after leaving operating room. To remove a patient from an operating room whose temperature is 85° to 90° to a ward or room of 68° to 72° cannot fail to bring about complications unless extreme care is exercised in protecting the patient from the sudden change in temperature. When we consider that the patient's temperature is lowered from the use of the anæsthetic, especially if Ether is used, the necessities for care are all the more urgent.

The physiological action of Ether is to produce marked irritation of the mucous membranes of respiratory tract. Great irritation of naso-pharyngeal and laryngo-tracted membranes thus ensues from the start and all arrest of respiration may be induced reflexly through the pneumogastric nerve. It is for this reason that some authors have advised the application of a weak Cocaine solution to the nasal cavities before beginning administration of Ether. The reflex influence is thus counteracted by the benumbing influence of the Cocaine. The odor is not perceived by the patient. The feeling of suffocation is also absent, stage of excitement is shorter or absent, vomiting during narcosis rare, sickness following anæsthesia not so liable to occur. To get best results sprayings advised half hourly during narcosis. Ether lowers temperature of patient by depressing the nervous system, which is caused by rapid evaporation and elimination of the drug from the lungs, and general system and the active perspiration produced. This accounts for pulmonary troubles, which often occur after administration of Ether. Ether has also a decided action on kidneys. It is a marked irritant, varying with quantity administered. Albuminuria rarely follows Ether administration unless it has previously existed. The excretory organs should all be in a healthy condition where Ether is given. The danger to the kidneys is thus lessened.

Contraindications for Ether.

Any disease of respiratory tract, especially of a stenotic character, goitre, phthisis, chronic bronchitis, emphysema, advanced renal disease and diabetes. In children under fourteen years and advanced age. Organic heart disease sufficiently advanced to cause dyspnœa. The Trendelenburg position under Ether is unsafe on account of pressure exerted on diaphragm by the intestines.

Chloroform.

Has perhaps more friends than any other general anæsthetic. It is different from Ether in its physiological action upon the heart and respiration. It is a cardiac depressant. Some have claimed that it stimulates the heart, but the consensus of opinion does not support this claim. In deaths from Chloroform we nearly always find the heart giving up first, respiration often continuing a short time after heart ceases to beat.

One writer has offered this explanation of heart depression, which seems very reasonable. The earliest effects of Chloroform is arterio-capillary contraction which exerts a kind of stop-cock action to prevent blood, dangerously loaded with Chloroform, from reaching tissues. The heart itself de-

pressed by the anæsthetic has not sufficient power to perform systole in the face of the resistance in front. Another writer says the paralysis of the vasomotor center brings about the rapid fall of blood pressure, and this fall by depriving the cardiac muscle of its excitant causes arrest of the heart. No matter just how low cardiac depression is brought about, we know it is a fact that it often occurs, and hence we cannot be too careful in giving Chloroform. Don't hurry; allow the heart to become accustomed to it gradually.

Chloroform is preferable to Ether in the following instances and conditions: Children under fourteen, renal affections, atheroma, asthma, emphysema, bronchial and laryngeal affections. In presence of fire and when actual cautery is to be used in or near oral cavity. Dyspnœa from restricted passages, tympanites, operations about mouth and pharynx, chronic alcoholism, cerebral tumor, aneurism or atheroma of blood vessels and old age. It is preferable in abdominal surgery on account of producing less retching and rigidity of abdominal muscles. It is best also in midwifery, but Ether is said to be preferable in obstetric surgery.

Contraindications for Chloroform.

Surgical shock, epilepsy, hydrocephalus, where there is a tendency to syncope, fatty heart, chronic valvular disease, acute alcoholism, delirium tremens, fatty liver, dental surgery, if dental position is used. It is always safer to administer Chloroform in reclining dorsal position. If operation under Chloroform is to be prolonged, or is of a very painful nature, it is well to give a hypodermic of Morphia, 1/8 to 1/4 grain, twenty minutes before beginning the anæsthetic. The only objection to the giving of Morphia is the patient is liable to sleep quite awhile after the operation. In some cases this may be desirable. In patients not strong a hypo of Strychnia, 1-6 grain, may be previously given.

Just a word about the so-called A. C. E. mixture. It is doubtful if they mix properly on account of the difference in volatility. The more volatile increases the evaporation of the other. The addition of alcohol to Chloroform and Ether is unnecessary and makes the anæsthetic more bulky and serves to prolong the stage of excitement. Ether, two or three parts, and Chloroform, one part, is better. The Ether offers sufficient stimulation to the heart and the Chloroform by reducing amount of anæsthetic necessary prevents the irritating effects of Ether on the respiratory tract, kidneys and stomach. Chloroform and Ether mixture should be given from a Chloroform inhaler, it requiring almost as much air as pure Chloroform.

Much more might be said on both these anæsthetics, but this paper is already too long. I wish to conclude with a few general remarks on anæsthetics:

1. Know your patient. As the anæsthetist is generally called on short notice he must depend largely upon the statement of the attending physician. This, of course, is not always practical in emergency cases—tongue, lips, mouth gag or tracheotomy tube.

2. Always be properly prepared with necessary instruments which may be needed in case of accidents.

3. Have hypodermics of Strychnia, Nitroglycerine or Atropine ready for immediate use if needed.

4. Have appliances for intra-cellular and intravenous saline infusion.

5. Do not allow patient to view surgeon in his long operating gown or to view the array of instruments.

6. Give your patient every assurance of success. Fear alone is a great cardiac depressant, and the addition of anæsthetic, especially Chloroform, only adds to the danger to the heart.

7. Clear mouth of all foreign substances, as false teeth, etc.

8. Have patient's clothing loose about neck and chest. Use a very small pillow under the head.

9. Do not pour the anæsthetic upon inhaler as though it were water and you were treating patient for sunstroke. It is absolutely dangerous to do so, especially with Chloroform.

10. Start with a little anæsthetic, hold inhaler away from face, and gradually crowd it, but do not choke or smother the patient.

11. During stage of excitement crowd the anæsthetic to get through.

12. When anæsthesia is complete aim to keep it uniformly so as nearly as possible, not allowing patient to vacillate from deep anæsthesia to semi-consciousness, etc.

13. Use as small amount of anæsthetic as possible and watch the respiration and circulation continuously.

14. I do not believe the majority of physicians, including surgeons, realize the danger of giving Chloroform too rapidly. Many times the surgeon hurries the anæsthetist. Do not do this. Better be a little longer in getting your patient under than to run any risk of depressing the heart by hurrying. If you must operate at a certain hour begin the anæsthetic in plenty time to have your patient ready without hurrying.

15. To crowd your anæsthetic too rapidly means that you may bring on syncope, often in the first stage. I do not believe the most skillful anæsthetist is the one who gets his patient under the quickest.

16. Give the anæsthetic slowly at first, gradually increasing, thus allowing heart and lungs to become accustomed to it. You will have fewer cases of syncope and deaths.

The anæsthetist should constantly bear in mind that the patient whom he has caused to become unconscious is in a condition which approaches death, hence he must have neither eyes nor ears for anything else except the patient in relation to the anæsthetic. I have seen a physician who was giving an anæsthetic leave the patient's head and walk around to view a step or two in an operation about the rectum. It is unnecessary to say that he was not a competent anæsthetist. Nothing so quickly betrays either ignorance, carelessness or lack of proper training on the part of an anæsthetist as his efforts to see how the operation is being performed. If he he does this he is not alive to the responsibilities which rest upon him.

In choosing an anæsthetic do the same as you would in prescribing a remedy. Select the one which is best indicated for that particular case. Personally I am partial to Chloroform unless there are contraindications for it. Lastly, I want to say that I believe too little attention is given to teaching the subject of anæsthetics in our colleges. One or two lectures generally constitutes the course. So unless a student takes up the matter himself he cannot be competent to give an anæsthetic when he graduates. Under the ordinary college course his knowledge of anæsthetics will be very limited. Colleges, wake up on this important subject.
leges, wake up on this important subject.—[Miami Valley Association.]

PUERPERAL SEPSIS.

BY A. S. BYRNE NELLIS, M. D., DAYTON, OHIO.

If there be one or more among you who may have practiced your profession some several years, and have had the good luck never to have had a case of puerperal sepsis, I wish to extend to you my congratulations. Mark you, I say luck, for if it be due to your skill, and not to chance, then it becomes your duty this night to make known to those not so skillful as yourself the prophylactic possessed by you.

We will outline, only briefly, the pathology, etiology and symptoms of this disease, as it is the purpose of this paper to draw your attention chiefly to the treatment, with the hope of bringing out a discussion which will be of value to us all. Puerperal sepsis is said to be a septic infection, usually established sometime within five days after childbirth or after abortion. Pathologists tell us that the more virulent pyogenic cocci are present, streptococci or staphylococci. The infection is at first limited to the placental site, or some wounded surface; soon it becomes general over the endometrium, the clots in the sinuses become infected. It is the consensus of opinion that the infection makes its way through the lymph streams, following the chain of lymphatics of the broad ligaments to the ovaries, soon establishing septic-pelvic-lymphangitis and with it peritonitis. Unless the sepsis be soon arrested the ovaries become involved owing to the continuity of the lymph channels between the ovaries and broad ligaments. If with ovaritis the fallopian tubes become infected a pyo-salpinx is not an unlikely result. If the sepsis be not well controlled within a week or ten days of its invasion remote lesions are likely to complicate, such as pleurisy, pneumonia, endocarditis or nephritis. Septic infection may also manifest itself in tetanus, ischorectal abscess and suppuration of the joints.

How comes this infection, and why so many cases in this age of antisepsis? It is generally believed that puerperal sepsis is caused by germs introduced from without. Auto-infection is said to be possible in a small per cent. of the cases. Pryor says that about fifty per cent. of prostitutes have the gonococcus present, though latent in the cervical glands, and a small per cent. of honest married women have the same—in such self-infection after delivery is possible. A few women with a pus focus in tubes or ovaries may conceive and become infected after delivery. An infecting coitus shortly before delivery may not be an uncommon cause of infection.

My observation in twenty-two years' practice leads me to believe that auto-infection is probably quite as often the cause of puerperal sepsis as to any poison introduced from without the genital canal. Is it not a fact that the doctor encounters septic cases quite as frequently among the middle and wealthy classes as he does in the lower walks of life where asepsis is impossible? Perfectly healthy pelvic organs are not so common in these sporting days. Many a sport has left his marks of iniquity on some good woman's pelvic organs. This devilish poison is capable of working all sorts of ruin; where and when it stops no one can tell.

The Symptoms.

Of this disease are so pronounced that the diagnosis is not often difficult. If there be a chill and rise of temperature in a puerperal woman, attended by offensive lochia, or suppression of same, then more than likely she is infected. Of course, we must differentiate from a milk fever typhoid, malaria or ptomain poisoning.

Treatment.

First preventive, perfect cleanliness on part of doctor and nurse. The genital canal should be made as aseptic as possible. If I have a trained nurse it is my custom to have the vulva shaved, a creolin douche given and bichloride bath to the vulva, thighs and abdomen; complete removal of secundines from vagina after labor is completed. I do not, as a rule, however, follow labor with douche for three days; never if I have only a practical nurse in attendance, except in surgical cases. If a surgical case I procure a trained nurse at once. In second stage of labor, when head is pressing down on perineum, I keep the vulva covered with a hot bichloride compress. This treatment with assist materially in keeping the parts aseptic. It also has the advantage of softening and relaxing the muscles and affording much comfort to the mother in her last pains. There should always be ready sterile dishes for compresses, instruments, needles, sutures, etc., and plenty of sterile water and saline solution for surgical emergencies. Most important of all a clean catheter. Remember, an ounce of prevention is worth a pound of cure. If at any time within five days a puerperal woman have chill and rise of temperature, don't presume that you have a milk chill or that she has taken cold; proceed at once to thoroughly investigate the case; every moment counts; you cannot afford to lose an hour. She should be placed upon a table, or across the bed, and a thorough examination made of the genital canal; any material removed from the uterus placed in a sterile jar for examination. If the obstetrician feel reasonably certain that he has a case he should not wait for any reports from the pathologist, but make use at once of some treatment that will best antagonize the poison that is so rapidly absorbed by the lymphatic system.

Now, how shall we best combat this sepsis?

The local treatment first generally used by the

profession was intermittent irrigations of the uterus with the surgeon's favorite antiseptic. This reduced the mortality, if used early, but if the sepsis have passed beyond the walls of the uterus then the irrigation treatment is of little avail, except as an auxiliary treatment. Later followed curettage of the uterus. This for same reasons as above is only effective in the early stages, and there are many objections to the curette, especially the sharp instrument, many in the profession contending that we thereby increase the lesions of the endometrium and hasten absorption of the septic material. Most obstetricians who still use the curette prefer the dull instrument. Hysterectomy is advocated by a few surgeons. Goffe reports several successful cases. The serum therapy is now having a trial, but is only successful in the cases where the streptococci are found. I should have also mentioned the Carbolic acid and Iodine treatment and more recently alcohol irrigations. Of the alcohol treatment I shall have more to say, as I made use of same in a case recently under my care. If the case has so far advanced that pelvic lymphangitis is already established then in most cases it will be necessary for us to change our tactics; the enemy is intrenched. We must operate in a new field, for it must be quite plain to you that if the chain of lymphatics in the broad ligaments are seriously infected that the different plans of treatment already mentioned will not likely suffice and sepsis will become more and more profound and the doctor will be forced to hoist his flag of truce.

Dr. Wm. R. Pryor, of New York, has suggested a plan of treatment for septic-pelvic-lymphangitis that should command our attention and is certainly entitled to a trial, as it has proven decidedly successful in his hands, also with his colleagues. I will give his treatment in his own words as given in his paper before the Southern Surgical and Gynæcological Association in 1901.

It reads as follows: "I curette the uterus as thoroughly as possible, being careful to wash out all debris, using many quarts of normal salt solution. The material removed by the curette is placed in a jar for examination. I then pack the uterus full of 5 per cent. iodoform gauze. The next step is to make a broad incision into the posterior cul-de-sac. Through this I evacuate all fluids in the pelvis. In most cases there is much serum present. Some lymph and often pus free in the pelvis. Any false union between the organs is broken and the pelvis is wiped dry. I now make what I call the pelvic Mikulicz dressing of iodoform gauze. This dressing completely fills the pelvis and is in close opposition to all the pelvic peritoneum to the pelvic brim, except in front of the uterus. The iodoform is soon broken up by the serum, and so rapid is its absorption that it appears in the urine from two to five hours after the operation.

"The circulation of so large an amount of this powerful antiseptic in the blood must have a deterrent effect upon the general sepsis, as these charts will show.

"To determine whether the streptococci, which I found in the uterus and in the pelvic cavity, were destroyed I instituted with Dr. Jeffries, bacteriologist to several of our institutions, a series of investigations. We found invariably all cocci were destroyed, streptococci remaining to the third dressing in only one case, and she has since reported pregnant.

"If under Ether I find the pulse 120, or over, or if there are any grave visceral lesions elsewhere, particularly in the heart and kidneys, I always do an intravenous saline infusion of from two to three quarts. This seems a severe measure, but all the cases brought to me are in bad shape and most of them have nephritis. The essence of the treatment is local and general iodism, together with promotion of the function of the kidneys.

"After operation I use colon enæmata of salt solution, every three hours, for the purpose of eliminating the toxins and the Iodine. This treatment has been employed over fifty times by myself and associates. By means of it I feel sure we have saved women who otherwise would have died. While the procedure is novel to some of you, and while it is based on a new principle, namely, the introduction into the blood of so powerful an antiseptic as Iodine, which would appear dangerous, I can but be governed by what we have seen."

"Such is the position of our present knowledge regarding disease."

Before closing my paper I wish to report, in brief, a case of puerperal sepsis that came under my observation last October. The treatment used and the result obtained may sufficiently interest you to give it a trial should you at any time have a similar case. You will pardon me if the report is somewhat defective, as much of it must be given from memory, the nurse having failed to give me the chart as I requested. I have, however, some of her papers to refer to, beginning with the second week of illness. Mrs. B. W., aged twenty-nine, lymphatic temperament, second confinement, no definite history of pelvic disease, but has always had headache much of the time attended by decided malarial symptoms. Called to attend patient on October 16. Dry birth and labor tedious. Head presentation. After being in labor some ten hours, delivered with instruments under an anæsthetic; perineum lacerated nearly to sphincter muscle. Repaired same with silkworm gut sutures, antisepsis being observed as nearly as possible with a practical nurse only in attendance.

Visited the patient on the 17th and 18th. Temperature and pulse normal, lochia normal in quantity and odor. Patient had to be cauterized for several days, as she could not void urine. Bowels were moved on morning of the 19th. Visit made 5 P. M. on same day. Informed by nurse that patient had a slight chill 11 A. M., but followed by considerable fever, lochia very scant. Temperature at time of visit 101. No record of afternoon temperature, as nurse said her eyesight was poor and could not read her thermometer. I at once informed husband that I would like a nurse with eyes. I insisted upon having a trained nurse at once, but was some twenty-four hours before we could procure one. On the 20th, at noon, while eating her dinner and feeling quite comfortable, was suddenly taken with severe colicky pains in the abdomen, soon followed by

considerable tympanites and much abdominal tenderness. Temperature, 100 at 1 P. M. Lochia scant, but no odor. Turpentine stupes were ordered. In the evening tympanites diminished and patient much more comfortable, but great tenderness of the abdomen. Trained nurse arrives, turpentine stupes ordered once in four hours and high colon tube inserted when necessary to expel gases. Vaginal douche only of creolin solution once in six hours and remedies given to stimulate function of the kidneys and control temperature. The following morning, 21st, abdomen flat and soft, lochia more free and no odor. An intra-uterine douche given and repeated morning and evening until the 24th. Vaginal douche being used by nurse once or twice between the treatments. Examination of blood on the 23d showed a decided leucocytosis and no malarial organisms. The increase of polynuclear cells, about double normal quantity, being indivative of an inflammatory condition or suppuration.

I should have said there was a lighter chill on the 22d, followed by high temperature, considerable tympanites and much abdominal tenderness, but not so extreme as on the 19th. Consultation was requested and a surgeon of the old school saw the patient with me on the 24th. Treatment approved, but advised discontinuing irrigation of the uterus. I consented to omit it for a time anyway. Vaginal douches were given about three or four times in twenty-four hours. Some forty-eight hours after consultation lochia was more free, but a decided odor for the first time, temperature averaging higher each day until the 28th, when it reached 105. Chills were lighter, but threatened every day. Up to this time I had omitted the intro-uterine douche, that is, after the consultation on the 24th. I decided on some change of treatment. I told the husband I would like to place the patient under an anæsthetic to make a thorough examination of the pelvic organs, and, if necessary, curette and pack the uterus, or do whatever might be necessary; but if he wishes to call a consultation before giving me his consent, to do so at once. He suggested that I call in Dr. Platfaut, who saw the case with me in the evening. He advised curetting the uterus with a dull curette, and thoroughly irrigating same with sterile water and follow same with two quarts of pure alcohol. He thought favorably of this treatment, as he had had recently two desperate cases that responded to said treatment. Irrigating the uterus with alcohol was new to me, but as I had frequently used it in other septic conditions with excellent results I thought favorably of it, and decided to give it a trial, and do whatever other treatment might seem necessary. The following morning at 7:30 I examined the patient under an anæsthetic, Dr. Platfaut administering the vapor. There was no marked swelling in the cul-de-sac, and uterus movable, no symptoms to indicate a pelvic abscess. I then proceded to curette the uterus, and followed with the alcohol treatment as above advised. The curette brought considerable sloughing tissue. There was what looked to be diphtheritic membrane in the anterior portion of the vagina extending up to the meatus. The treatment was finished by thoroughly flushing the vagina with sterile water to prevent smarting from the alcohol. This treatment was followed in less than two hours by a temperature of 106 2-5, but only for a half hour, when it gradually fell to 99 2-5 at 10 P. M., the lowest temperature since the morning of the 20th. On the 31st it went as low as 98 4-5. There was then a general rise of temperature until November 2d, when it reached 104. I repeated the alcohol irrigation without an anæsthetic, attended by some pain of course, but not extreme, and this treatment was also followed in an hour by temperature 106 1-5. This high temperature was followed by a gradual fall until November 6, when it reached the normal path, and was followed by an uninterrupted recovery. I regard the extreme temperature after each treatment as a surgical temperature only, and should I again have a case of puerperal sepsis the uterus would be promptly curetted with a dull instrument and followed with the alcohol treatment. If the lochia were extremely offensive, especially in abortion cases, I think I would precede the above treatment with a thorough application of Carbolic acid and Iodine to the endometrium. If there were marked symptoms of pelvic-lymphangitis abscess, etc., then I should certainly adopt Dr. Pryor's plan of treating these cases.—(Dayton Homœopathic Medical Society.)

Homoeopathics.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

A Series of Six Letters From a Physician to a Prospective Medical Student.

BY "GENTLENESS, CONFIDENCE, FAITH."

Alpha.

The title of this little brochure implies so much that it would take a volume ten times its size to adequately convey the necessary reasons. Therefore I have adopted a semi-conversational style in which to clothe my ideas as expressed in these letters. In such a limited space one cannot be expected to indulge in abstruse or fine-spun theories, and, indeed, the intending medical student has little time or taste for them. I have only attempted to show the differences that exist between the two great schools of thought in medicine, and show them in such language as can be easily understood by those for whom they are written.

Letter No. 1.

January 1, 1903.

My Dear Ralph—It is with the sincerest pleasure that I received your letter of recent date, in which you assure me that you have at last resolved to enter the profession of medicine and asking my advice upon some points in regard to the same. I shall be more than pleased to give you any information in my power, and only hope that I may be able to smooth out some difficulties for you. Above all things in this world it is essential in any undertaking to get started right, and the profession of medi-

cine is not the exception. There are many members of the profession today who are figuratively wearing sackcloth and ashes for this very reason; they started wrong and they realize acutely, when the time comes for them to get right, they have too many false ideas and habits fixed on them, binding them to certain methods, and these methods are the bonds which result from a wrong conception of the spirit of the profession. The frankness with which you ask me to be your guide in the matter of your entrance into the profession gives me hope that you may be spared some of the bitterness of wrong experience. I foresee there may be quite a number of letters pass between us on this subject, and I will in this one call your attention to a few general ideas that prevail in regard to the medical profession, not so much as how the people regard us, but a little of how we regard ourselves. I think that down deep in the heart of each member of it is the feeling that he is honored in being a member of it. This feeling may be concealed by a large amount of commercialism and personality, but it exists and is one pride that is legitimate. This is no personal pride, for personal pride is a stumbling block, but a natural pride in the glories of a profession that has for its object the relief of human suffering. I need not recount to you how ancient is the profession, nor need I tell you of the many instances of heroic conduct that have graced the pages of history by acts of its members since history first began; nor need I speak of the thousands of physicians who have laid down their lives in the line of duty, of whom history is silent. It is enough to say that we all feel a just pride in our noble profession and her honor in ours. Just here I again glanced at your letter, and it strikes me that you probably desire something more practical than rhapsodies upon the profession, and I will endeavor to give you some outline of the requisites you should possess before entering it. Nearly thirty years ago the dean of the medical school from which I graduated took the entering class into an upper room, and then and there gave a lecture upon what he considered the prime requisite for admission within the professional gates. He said: "Young men, if you have not within you the instincts of gentlemen, it were far better that you now leave these halls of learning and seek some other occupation in life, for lacking this you will never be able to practice successfully so noble a profession." That's what the profession needs even to this day, gentle men, not the kid-gloved, conventional article, but men who are gentle from an innate sense of refinement. Men who will be as gentle in the homes of deserving poverty as in the houses of affluence; men who are as considerate of the rights of others as of their own; not meek men, but those who are bold in the consciousness of their own integrity; not coated with a thin veneer of society varnish, but filled with the gentleness that comes from a pure heart. This is the first requisite, and the second is like unto it, confidence. Not a spurious so-called self-confidence, but the prime article that comes from a perfect knowledge of what you have to undertake. I might better, perhaps, call it self-possession, but the terms are alike, for one can only have the latter when he knows he is a master of what he is called upon to do. The third requisite is faith. Here we come to a matter that is of great concern to the profession at large, for in matters of faith there is much dispute among all physicians. It is a more serious matter than one might at first suppose, for you can easily see that if you lack faith in the means you propose to use for the cure of sickness your own attitude will be such that patients would be unconsciously influenced in like manner. Sick people are very curiously gifted in this way, and they will read you through and through, and if they can detect in you any lack of faith in the remedies given your usefulness will cease. I have known many good physicians to preach the doctrine of no-virtue in medicine and then complain of the poor results they obtained in their practice. One must first believe before he can impress his beliefs upon others and those of us who believe and can make others understand it rarely complain of poor success. Optimism, not pessimism, should govern all our actions. He who carries with him a merry heart, and will use a little of the oil of gladness in his daily walk and conversation, will find that he makes other hearts glad, and his coming will be looked for; and nothing gives one a more substantial light-heartedness than a perfect faith in one's self and the same perfect faith in the means he uses. With this trinity, gentleness, confidence and faith, you will be well equipped; for with gentleness you will win people, with confidence, which you cannot possess unless you are master of what you profess to know, you will inspire like confidence; and with faith in what you believe you will not be tempted to resort to the thousand and one makeshifts that indicate lack of faith, but will wait patiently for sure results. Think these few things over, and if I can be of further assistance to you write me.

Letter No. 2.

My Dear Ralph—Your letter just received, and I hasten to answer it. I am more than pleased with what you write, and also in the expressions of commendation you use in referring to my last letter. You tell me also you have resolved to put into practice the rule of three, the trinity of gentleness, confidence and faith. Well, if you do it will not be any source of regret. We need men more and more in the profession who are guided by fixed rules of thought and conduct, and I predict for you success. I note this inquiry, "What is understood by the 'means' the physician uses?" I will try and give you a clear impression of how I understand it, and, Ralph, try and read between the lines as I proceed and get a clear understanding of this subject before you get deeper into medical pursuits, for in the rush and hurry of new acquisitions you may lose sight of it all. Broadly speaking, we divide remedies into three great classes, mental, physical and mechanical. There is such a thing as mind operating upon mind, and also upon matter and remedies that take this scope we class as mental. Such means as are afforded by hypnosis, also by the personal influence of the physician himself, come into this category. They are remedies in verity and come under the same general laws of action as all others. Physical remedies

are, as their name indicate, of a bodily nature and include all the remedies that have shape and substance. Mechanical remedies are, as their name suggests, purely of a mechanical nature. You may pass your hand over the brow of a nervous patient, and if your personal magnetism is strong she will fall into a refreshing sleep; this is a mental remedy. You may give her ten grains of Bromide of potash (if you do not know any better way) and she will also fall asleep; this is a physical remedy. Again, you may use hot applications to the immediate part or a sinapism to a distant part and produce the same result; this action is mechanical. Of course, the greater interest centers about the second division, the physical, and a thorough knowledge of the application of remedies by this route is the aim and object of the physician's education. To this end you will be called upon to perfect yourself in the knowledge of the human body by means of the study of anatomy, physiology and pathology that you may understand the functions of the body in health and in disease; later on, by means of chemistry, botany and Materia Medica, you will become acquainted with the properties of the substances you propose to introduce into that same body. Of the three latter the study of Materia Medica is by far the more important. This study treats of medicines in their general action on the human body and classifies each medicine in its proper place. Medicines in their crude state have certain actions, and we say of one that it is a febrifuge or fever controlling remedy; of another that it is a purgative or an alterative or a carminative or an anodyne as the case may be. This classification is very ancient, and most of the knowledge obtained has been derived from adventitious cases of poisoning or from experiments upon animals, and the classification is used by the majority of physicians today. It seems rational to physicians to follow this classification, and you will find constant reference to it in most medical books. Its scope and aim seems to be to furnish the user with a guide by which he can select a remedy for certain disease conditions. For instance, a man comes to you suffering from a sluggish condition of the bowels and you perceive he can be relieved by a remedy called a cathartic; you turn to your classification and find that there 44 remedies having this kind of action in greater or less degree and divided into 13 laxatives, 5 simple purgatives, 9 saline cathartics, 11 drastic cathartics and 6 chologogues, so all you have to do is to select the one best suited to the case and give it with confidence. Possibly you may decide to combine some medicine with the first to in some way render its action less vigorous. There are 25 such carminative medicines. Should it be deemed necessary to also give with the other two an alimentary disinfectant there are 117 more or less that may be employed. No, there is but little choice in which one you use, for they are differentiated only by degree of action. As you see, the aim and end of Materia Medica so-called is to get medicines into their proper classifications. Nevertheless it is a highly important study and represents the sum total of knowledge of the average physician of the daily means he uses and his method of using. Of course (and I may forestall an inquiry) experience will govern him as to the best use of his remedies, and according to the plan as outlined it will take much of it. Yet the study of Materia Medica when properly conducted is full of profit to the student, and the plan as shown while it may be easy and simple, has certain demerits. Think this over and let me hear from you at your leisure.

Letter No. 3.

Dear Ralph—I am glad to have received your letter in answer to mine concerning the means the physician uses, and will excuse the heat with which you accuse me of "most irrational utterance." My dear boy, I speak the words of truth and soberness when I declare to you the seeming purpose of the study of Materia Medica, as viewed from the standpoint of the larger part of the medical profession. You say "that it would be impossible to acquire an intimate knowledge of such a subject in a lifetime," and then ask me "does not medical science afford some rule by which one may be guided that is removed from the haphazard way you describe?" I advertently put a stumbling block in your way, hoping you would see or fall over it. I had half a thought that a mind trained as yours has been with four years at P—— College would detect something of a false ring in what I wrote. Yet I spoke only the truth, perhaps a little too plainly, but nevertheless the truth. I knew that you had been raised under the auspices of the dominant school of medicine, and I was not sure how far I might go in that argument by naming of names. Now that you have raised the question I have no hesitation in saying that it was of the Materia Medica, as viewed by the dominant school, that I was writing, and would also call your attention to the fact that I also said in speaking of the study of Materia Medica "when properly conducted." And upon that I will write later on. No, I made no mistake when I said the way you would have to select your remedy was such as I described. You may take down any text-book of the so-called regular (I like the word dominant best) school, and you will find it as I have stated. For instance, listen to this (Typhoid fever):

"for the restlessness and sleeplessness we have Opium, Chloral, Morphia, Potassium bromide, Hyoscyamus and chloramide . . . the weak heart must be sustained with brandy, Strychnine, Strophanthus, Nitro-glycerine. To disinfect use copperas water, lime water or solution of corrosivus sublimate."

For renal calculi the same author says:

"warm or hot baths, hyperdermics of Morphia or the same by the mouth, Chloroform, Belladonna and nauseants will all be likely to come in for use before the patient is relieved."

For constipation our author says:

"the diet should be regulated and Belladonna, Strychnia and the phosphates administered. When there is want of secretion Colocynth, Rhubarb, Aloes and Belladonna are all indicated."

Of dysentery he says:

"the main object will be to remove all offending matter, regulate the secretions, allay the pain and make use of astringents and anodynes . . . a combination of Ipecac, Quinine and Opium will often prove of service. Among other remedies may

be mentioned Tannin, Rhatany, Catechu, Salol, Bismuth and Acetate of lead . . . after the failure of the various remedies usually prescribed we have seen inveterate cases relieved by simple enæmas of cold water."

Under gastritis he says:
"the intense pain and nervous irritation should be abated by Morphia, Cocaine, Caffeine and similar agents."

This is not from any antiquated book, but from a volume of recent date. Here's another book, a volume of surgery by one of the best surgeons in the United States. Here is what he says of tetanus: "Chloral hydrate in large doses has been successful in some cases . . . the inhalation of Chloroform is also highly recommended. The extract of Cannabis Indica, together with ice to the spine, is a plan of treatment highly recommended."

Now here is another volume from my book case, and it happens to be one of the very latest works on nervous diseases, and I have opened it involuntarily at the article on hysteria. Let us look at the medical treatment advised:
"As to drugs we should commence with indifferent and mild remedies; Valerian, Asafœtida, the bromides in small doses, Quinine, etc. If these remedies fail the anti-neuralgics may be tried."

Again I turn to another page, malarial neuralgia:
"is generally relieved by Quinine . . . where it fails Arsenic may relieve. Eucalyptol may be tried. In anæmia iron preparations, perhaps iron in combination with Arsenic, should be used. Liquid Ferri albuminati, Blaud's pills, Hæmatogen, etc., are preparations that can be recommended."

Now one more:
"There is no lack of remedies from which to choose. Quinia takes the first rank, and next comes Arsenic. Salicylate of soda in one large dose sometimes averts an attack. Guarano in powder form is occasionally of service. The effervescent bromo-caffein is a very popular remedy. The mono-bromate of camphor in pills . . . is also much prescribed. Nervous persons may receive benefit from frequently repeated doses of aromatic spirits of ammonia or sweet spirits of nitre. Prompt relief is often obtained from Phenacetin. Excellent results are now and then observed from the constant current."

This last is from the treatment advised for headache by another authority on nervous diseases. Now each one of these extracts are from books that I have picked out at random from my library, and the extracts were selected from just where I opened the books. You may wonder why I have quoted them at all, but I want you to carefully note the phraseology of the citations. They read like this:
"will all be likely to come in for use"
"are all indicated"
"will often prove of great service"
"among others may be mentioned"
"after the failure of the various remedies usually prescribed"
"has been successful"
"is highly recommended"
"if these remedies fail . . . may be tried"
"may also be tried"
"is occasionally of service"
"may receive benefit"
and so on ad infinitum. Don't you mark the element of distrust that runs through the whole series. There is not a single declaration of confidence in a single remedy mentioned. If you were asked to prescribe from such an outline of treatment you would be justified in giving any remedy or all, and the result would be only a matter of chance. It is true that in some years of practice you might gain the necessary experience to use then intelligently, but the cost is too great. Call to mind what I said to you about the trinity, gentleness, confidence and faith. You must have confidence in the means you use before you can secure confidence in others. Do you think it possible for you to pin your faith and your practice to such a system of prescribing, such a happy-go-lucky, go-as-you-please way? Do you want to launch yourself on the stormy sea of practice without even a star overhead for a guide, to say nothing of a rudder or a compass aboard the ship? If so, don't peruse these letters further, but join yourself to those who prefer this, and in the days to come, when you have worn your heart out striving for the impossible—— Well, I won't try to draw the picture. I simply place the matter before you in this form; do you wish a reliable guide or do you wish to go it blind? I will await your answer with much eagerness, and if you still wish to be guided by me in the matter I will try and give you a better idea of the science and art of medicine when science and art are brought into play in its study and practice. Meanwhile, farewell.

Letter No. 4.

Dear Ralph—I am getting along in years now and have had most of the pleasures that are allotted to me, but I have never waited so impatiently for a letter or seldom been so well rewarded for waiting as in this present instance. It seems that you must have patiently verified all that I asserted in my last letter to you, if I can judge by the expressions you use. Don't be severe, for the men and brethren who do as I have described are very sincere in their beliefs. A right of free choice is granted to each man in the matter of belief, and if a man does to the best of his ability with the knowledge he possesses how can he be blamed. Yet there is another side to the picture as well. If a man, lost on the desert, hungering and athirst, sees before him an oasis and evidences of water and food in abundance, and yet deliberately turns back into the wilderness because he does not believe the evidence before him, then he certainly is to blame. We are taught that Moses lifted up the serpent in the wilderness, that all who looked upon it might be relieved from the plague of deadly vipers, yet sacred history tells us that not all looked and thousands died. After all it is not a question of what others have done or will do, but rather the more personal one of what will you do? I am going to draw you another picture now, the reverse of what I attempted in my last letter, and give you a glimpse of a positivism in things therapeutic as against the great uncertainty I then showed you. There was a man sent from God (and I speak with the greatest reverence) whose name was Hahnemann, who I firmly believe was set apart for the great work he had to do. I cannot dwell on what he

had to endure for truth's sake, nor long on what he accomplished; but if he never had done but the single act of giving to the world that wonderful law in therapeutics, "similia similibus curantur," he would have deserved to rank among earth's greatest. As it was he did much more; first he gave the law, next he demonstrated the individual action of every drug, and, lastly, he proved that action, not upon animals or from fortuitous cases of poisoning, but upon the human body itself. As to the philosophy of the law he ennunciated it would be inexpedient to discuss it here, and when I ask you to accept such a fact that such a law exists I am only bringing to your mind the third article of the trinity, faith that has been set up for your guidance. The dominant school tells us that there is no such thing as law in medicine. This is a statement that must be accepted with hesitation. There certainly can be no law for those who never look for it. One might just as well deny the law of gravitation by refusing to see the apple fall or the heavenly bodies revolve. When I was a boy you could not talk over a wire as in these days, and I have no doubt there are parts of the world today where such a thing would be thought incredible and the stated fact would not be given credence. So it is with law in medical things; it will ever be denied by all until personal experience or personal necessity forces it upon the individual. I am not going to argue with you about it, for you are but a beginner at the gates, but will put it this way: If there is a law of therapeutics that can be used for the selection of remedial agents for the cure of the sick—if such a law has been proved to be trustworthy in the practice of one man, two men or thirty thousand men—nay, if there is even any law that would guide you in the selection of a drug for use, would it not be far preferable to the system I showed you in my last letter. If I tell you that there is a scientific way to use your remedies as against the crude way the dominant school employ their drugs, a path of certainty as against the blind and uncertain roads that most physicians follow, would you thank me for it? If I put into your hands a law that, closely followed, will be your guide for the interpretation of the various phases of disease and furnish you with the means for the radical cure of disease as against its mere alleviation, will you thank me? And this is what Hahnemann has done for us all. But I tell you plainly that the road you will have to travel will not be easy, but one of hard study and anxious thought; but it will be sure, and you will have the satisfaction of curing the cases that may be intrusted to your care. Now I am going to draw the deadly parallel against the system of drug selection I outlined to you in my last and show you a little of the certainty with which we who believe in law in therapeutics speak of the administration of medicine. I have before me one of the commonest hand-books devised for the busy physician, by no means complete, but containing enough to give working hints for the immediate prescription for most complaints. I will take as near as possible the same class of diseases that served for illustrations before.

Typhoid Fever.

Baptisia. Incipient stage, face dark red, with besotted expression; dull stupefying headache, with confusion of ideas; head feels as if scattered around, tongue coated brown and dry, particularly in the center; offensive and exhausting diarrhœa, sweat, urine and stool all extremely offensive.

Arsenicum. Face pale, shrunken, hippocratic, cold sweat on the forehead, constant licking of the lips, which are dry and cracked; intense thirst, drinking little and often, great anguish, extreme restlessness and fear of death.

Rhus. Prostrate and stupid, face red and swollen, lips dry, brownish or black, tongue dry, red and smooth or red on tip in shape of triangle, muttering delirium, severe pains in the limbs, worse during rest, involuntary stools very exhausting, worse at night, particularly after midnight.

Now here are just three remedies out of the entire twenty-seven that are applicable for typhoid fever, and the indications for the other twenty-four are just as precise and clear-cut as the three given here for illustration. Note that we do not say "they may be given," "they are highly recommended," "now and then they may be useful." No, the indications for the use of each one are strong and clear, and we say use them, and use only the one that is indicated. This is not guesswork, or the outcome of any man's personal experience, but is the natural sequence of the law of therapeutics. Let us look at that troublesome condition, constipation, a moment. Our author of the dominant school says: "The diet should be regulated and Belladonna, Strychnine or the phosphates administered. (Which?) When there is want of secretion Colocynth, Rhubarb, Aloes and Belladonna are all indicated." (Are they?) Here are the indications for three of the more commonly used remedies as viewed from our standpoint:

Magnesia muriatica. Frequent and severe pressure on rectum, with colic; knotty stools, like sheep's dung, covered with blood and mucus, or large, difficult stools, crumbling when passing the anus; throbbing in the stomach, with dullness of head.

Nux vomica. Constipation, with rush of blood to the head; stools large, hard and difficult; frequent urging to stool without effect, sensation of hard substance in the stomach.

Aesculus. Constant urging to stool, with ineffectual efforts; stools large, hard, dry and dark colored; prolapsus ani after stool, with backache; rectum feels as if full of small sticks, hæmorrhoids, with constant backache.

As I before remarked the indications for each remedy are so plain no one could mistake, and the best of all is that when the indications are followed a cure results. There is no necessity for floundering around from pukes to purges in an uncertain groping for something to cure; here we offer you certainty founded upon law as against uncertainty founded upon the varying standard of personal experience. You asked me once, "Does not medical science afford some rule by which one may be guided in giving medicines?" and this is my answer. The rule is "similia similibus curantur," and its exemplification is the science of therapeutics. This is Homœopathy, pure and simple. Don't shy as I pronounce the name, for if you are worthy to bear it

and become a disciple of the immortal Hahnemann you may count yourself as one of the fortunate ones. Think this over, and let me hear from you.

Letter No. 5.

My Dear Ralph—I note in your reply to my last letter that you have become somewhat impressed with the truth of what I had previously written you. You ask in the epistle before me some very hard questions, but I will try and answer them satisfactorily to you. However, bear in mind that when we are asked to explain how or why the collective human mind does or does not do a certain thing any explanation must fall far short of being entirely satisfactory. Your first question, "If all this is true, why has not the dominant school long ago adopted this law?" is indeed a hard one. All reforms work slow, and indeed it is best that it should be so, for it insures stability in the foundation and a lastingness in the super-structure. Men are so constituted that sudden reforms seldom appeal to them; likewise innovations are seldom at first thought much of, and it is only when time and long use have rendered them conspicuous that they are completely adopted The medical profession has been hoodwinked so often by specious schemes that they have become chary of anything that savors of newness. Again, personal habits, individual preference, the force of precedent and the influence of example all play an important part in men's beliefs. But above all else a grounded lack of faith in medicine and an utter unwillingness to profit by the experience of others are the chief reasons for the non-acceptance of the law I have given you. I well remember hearing a member of the dominant school who was far ahead of his fellows in research tell this little incident: He had made some discoveries in regard to Aspidospermine and its use in the relief of asthma, one grain of the drug triturated with a thousand of sugar of milk, and the product given in grain doses. His success had been very marked, so much so that a professional brother, who had been a victim of the same disease for years, came to him for help. He was told the drug, directed how to prepare it and given the fullest directions as to the quantity to use. He grumbled exceedingly at the smallness of the dose, sneered because it looked like Homœopathy, but finally consented to try it. He, however, could not give up his deep-seated prejudice against a small dose, so instead of using it as he had been directed tried to get results with one grain doses of the crude drug. He nearly lost his life from the intense aggravation, and ever after that could say nothing good of the first physician Nevertheless the first doctor went right on curing his cases. Do you see the point in this homely illustration? One man was willing to investigate and had faith in the means he was using; the other had no faith and was not even willing to profit by the experience of the first. As I said, reforms work slowly, and it is best so. The homœopathic school of medicine has made its mark upon the dominant school in such ways that it is sometimes hard to recognize it as the thing it used to be. The leaven of Homœopathy has done much toward changing the ideas of the entire body, not so much in regard to the principle of drug selection as in the quantities of drugs used, and the same leaven will continue to work until the law is acknowledged by all. There is one factor at work that is a great help to this end, and that is public sentiment. In all other professions and occupations the people see the great strides that are being made toward positive knowledge; they see also that the great bulk of the medical profession are at a standstill as regards the scientific application of drugs, and they watch us closely. Let a man say that he knows a thing, and he is received and estimated accordingly. If he does not know, and is blindly groping, he is accordingly estimated. Across the street there is going up a magnificent new building, and from time to time I see workmen leave their work and hang over blue-prints and consult together. What these blue-prints mean to the workmen (and it is the life and stability of the very structure) the law of therapeutics, "similia similibus curantur," means to us who are guided by it. But to you, Ralph, it is a personal matter, and whether others accept it or reject it, you must assume the responsibility of choice. Will you be governed by truth or will you put it aside? Will you enter the profession of medicine with a faith in drug action that will grow with your own growth, that will be a tower of strength upon which you may lean at all times, or will you enter the portals to learn to be guided by the accumulated experience of ages, of which the dominant school so proudly boast? In short, will you be governed by natural law and scientific investigation, or by ever shifting standard of personal experience. I am laying much stress upon this fact of science and certainty, for the time is far past for anything but the most certain sounds as to what we believe. It is not a question of large doses versus small doses, as some in the dominant school vainly assert, but a question of "I know" versus "I think" and the exchange of uncertainty for certainty. Regarding this matter of certainty I want to call to your mind an illustration of how the difference appears when carried out in actual practice. In one of the recent discussions in regard to the value of law as against personal experience (or Homœopathy versus the dominant school) carried on by a very liberal medical journal, an exponent of the strictest ideas of the so-called regular school, this case was reported with requests that all medical men, regardless of school, give their ideal treatment.

Case.—A large, robust man, aged thirty-five. Health always good until a week ago, when he sat in a draft after perspiring freely. Severe chill followed, ending in a high fever, dry cough and pleuritic pains in right hypochondrium. Expectoration became rust colored, adhering to the vessel like glue. On the seventh day the condition was as follows: Great dyspnœa, with tightness of the chest. Cough tight, expectoration scanty and difficult, thin and dirty looking, flying to pieces when striking the paper. Respiration, 50 per minute; temperature, 105°; pulse, 130; weak and thready. Physical examination reveals hepatization involving entire right lung.

This, Ralph, was a serious case of pneumonia and the symptoms are those of a critical case at that. From all parts of the United States came re-

sponses from members of all schools, with the following results, 76 physicians replying:

Of 44 Homœopaths that replied, 39 gave as the remedy Phosphorus, basing their reasons upon the law of similia, and 5 gave Lycopodium.

Of the 32 others that replied—

One would give no medicine at all.

One would use only cold air.

One would use light rays.

One would use only cold water applications and the other 28 between them would make use of 53 different remedies, one of them only adhering to a single remedy, the rest using all sorts of combinations, and no two of the lot alike. Ralph, draw your own conclusions. The case proves nothing as regards successfulness of treatment that was not called in question, but it does prove that 39 men in various parts of the country and widely separated had a guide to follow in the selection of a remedy for a given condition. The funniest part of it all was that some back woods ignoramus, in trying to justify the dominant school for such a showing of unscientific prescribing, got up on his hind legs and said: "The Homœopaths have only one remedy for pneumonia. See how much better equipped we are, for we have 53." Think this over a little.

Letter No. 6.

Dear Ralph—I am much gratified at the tone of your last letter, and, even though it was short, the spirit of conviction shows all through it. You tell me that you have read them to your friend, Dr. L., and that his verdict is "it's all bosh." Now I have had a very long acquaintance with Dr. L., as we practiced in the same place when we were young men, and were at times mutually helpful to each other. I esteem his friendship very highly, and while I dare say he thinks he is right, there should be some standard by which his opinion should be gauged. Let us put him to a test and see. It is a rule in the courts that before a man can testify his competency to do so must be shown. We will now bring Dr. L. into court and examine him.

Defendant's attorney:

Dr. L., "you made the assertion that the letters read to you are all bosh, did you not?"

Dr. L.—"Yes, I made that remark."

D. A.—"Are you willing to maintain that assertion in this Court?"

Dr. L.—"I am."

D. A.—"Will you kindly tell the Court how you know these letters to be 'bosh?' "

Dr. L.—"Why; because every medical man from Hippocrates down says so. Dr. Oliver Wendell Holmes says"——

The Court.—"Hold on there. We do not wish to hear what someone else says. Let the witness tell what he knows."

D. A.—"You understand what Homœopathy is, Dr. L.?"

Dr. L.—"Certainly, I do."

D. A.—"What have been the sources of your information?"

Dr. L.—"Why, every professor in my school told me it was a snare and a delusion, and I take the London Lancet and the Medical Record and they are full of descriptions of what a fraud it is."

D. A.—"Dr. L., have you ever practiced Homœopathy?"

Dr. L.—"NO, SIR; NEVER."

D. A.—"Will you kindly tell the Court why?"

Dr. L.—"Why! Why! I would be expelled from the Society if I should ever think of such a thing."

D. A.—"Did you ever use homœopathic medicines in your practice according to the rules laid down by Hahnemann?"

Dr. L.—"Certainly I never have, sir. I would become the laughing stock of all my professional brethren were I to do such an absurd thing."

D. A.—"And have you, Dr. L., patiently and honestly investigated the truth of the law similia similibus curantur as a law of therapeutics?"

Dr. L.—"Well, er—er—no, I cannot say that I have."

D. A.—"And yet you firmly believe that Homœopathy is a fraud?"

Dr. L.—"YES. SIR, THAT IS ER—ER——"

D. A.—"Your Honor, I move that all evidence given by this witness be stricken from the record as his incompetency as a witness is clearly shown."

The Court.—"It is so ordered."

This would be the result of Dr. L.'s evidence in the searchlight of logic.

There are some things in this world, Ralph, that must be approached by faith; our most sacred beliefs in things religious are but matters of pure faith. All divine laws are subject to our faith, and I am just so simple myself as to believe that the law of similia as applied to therapeutics is of divine origin. If God created the Ipecac, that in full doses of the crude substance will cause emesis, He also created the same power in the drug in its attenuated form to cure the same symptom when it has been produced by disease. If He gave the deadly nightshade the power in its crude form to so act on the nervous centres that it will produce the flushed face, the staring eyes, the delirium, the intense dryness of the mucous membranes, He also gave it that finer power in the minute dose to cure just these same conditions when arising from perversion. And there is not a single action claimed for any drug that is not susceptible of proof when a reasonable faith is used and the investigation conducted in proper lines. Another observation and I am nearly done. You say that "I do not like the sectarian aspect." Well, we do not aim in our schools and colleges at making sectarians of anybody. Our objects are to give to the physician the means to cope successfully with disease conserving the patient and physician alike. As to your wearing the badge of "Homœopath" that is an after consideration. Many of us who have had to suffer for our beliefs still cling to the good old name and wear the badge proudly for its past associations. What I want you to get, Ralph, is the truth, no matter what you call yourself, and if you have it and carry out its teachings in your daily life and practice you will be one more added to the great army arrayed against uncertainty.

And now for the conclusion of the whole matter. I have endeavored to give you some idea of the difference that exists when law is opposed to chaos, when certainty takes the place of uncertainty, when

science reigns instead of personal experience. But all this argument falls short beside the one great essential, and in again giving it to you let me paraphrase that great apostolic declaration—

"And now abideth gentleness, confidence, faith, these three; and the greatest of these is faith."

Omega.

My Dear Ralph—Thanks for the announcement of the Homœopathic Medical College you have sent me. I note with pleasure your name, conspicuous in the entering class. Further testimony is not needed.

Societies.

DR. CONRAD WESSELHŒFT HONORED.

More than two hundred physicians attended the banquet given at the Hotel Somerset, Boston, in honor of the seventieth birthday of Dr. Conrad Wesselhœft, of that city. It was a spontaneous expression of the high regard in which Dr. Wesselhœft is held by his associates and by the homœopathic profession in general throughout the country who were invited to participate in the festivities of the occasion. Dr. J. P. Sutherland presided, and in the post-prandial exercises which followed greeted those present as follows:

This is not intended to be a formal function—it is a birthday party. We are gathered not as responsible representative citizens bound to uphold the dignity of some special society or institution in our words or manners. We are gathered as friends of a man who has been for seventy good years the friend of all good things, and of a great many scores of good people. We are here to be glad, and to give public expression to our gladness, that Conrad Wesselhœft—God bless him—has had so many years vouchsafed him in which to push a dull, old world along its path to the sun, and to make so many people wiser, and happier, and better. In short, we are here because we love Conrad Wesselhœft, and we want him to be very sure of it, and because we think a birthday party is a good time and place to tell him so. Since this is true formal introductions and formal speeches would be badly out of place tonight, and I know you would justly resent any formal speech from me in leading, as it is my privilege to do, the chorus of brotherly and affectionate congratulations we are here to raise. So let me only say, we are all glad from our hearts to be here, and to welcome here on his birthday, the man who as our teacher, colleague, physician, friend has won the respect, and confidence, and love of every one of us who has come here to do him honor. We greet him, and we cheer him, and wish him another seventy years of good luck and good will.

In the words of a cleverer man than I, speaking of no better man than our guest, who once faced such a gathering of friends on such a birthday—

"We will not speak of years to-night;
For what have years to bring
But larger floods of love and light
And sweeter songs to sing?

"Enough for him, the silent grasp
That knits men, hand-in-hand,
While he stand as the time-tried clasp
That locks our circling band."

Greeting and welcome to all of you who have come! Greeting and welcome a thousand times, and for all, to him for whose sake we have come!

Dr. Herbert C. Clapp speaking for the faculty of the Boston University School of Medicine said:

"I have an idea that I have been asked to respond in behalf of the Medical School, not because of my remarkable oratorical ability, but because, although I am still a young man, my memory goes back farther in the annals of the school than that of the great majority of our faculty.

"Dr. Conrad Wesselhœft and his brother are now the only members of the faculty who have been in continuous connection with the school from its organization, more than thirty years ago. I know the spirit with which they and their fellows entered into this work, because I was present myself at meetings preliminary to this organization. I was then invited to take a subordinate position, but preferred for a time to work in connection with the organization and conduct (in the basement of the school building) of the College Dispensary, which was to furnish so much clinical material for the school. I joined the teaching faculty four years later.

"At the preliminary meetings mentioned it was obvious that the spirit which pervaded Dr. Wesselhœft and his colleagues was not a self-seeking ambition, but an honest desire for the good of the cause of Homœopathy, which was so dear to their hearts, and a feeling that a homœopathic school in Boston was the best means of furthering that cause, especially in connection with the Hospital and Dispensary.

"At that time they could not know how successful it was destined to be. They could not foresee the large number of graduates, who, in scattering not only through the State and New England, but through the whole world even, were to spread their doctrines far and wide. They hoped for this, of course, but could not know it; and much of their work was done in a spirit of self-sacrifice and from a sense of duty rather than from the prospect of unlimited success.

"I particularly remember at this time Dr. Wesselhœft's enthusiasm and his earnest desire to give the best that was in him to promote the success of the school.

"I well remember how during the many years which followed he labored faithfully and incessantly, not only in times of prosperity, when everything seemed to run smoothly, but also when hardships came, and difficulties and annoyances arose. Many a time did he neglect his private interests, in order to be faithful to his school duties, and this without hope of pecuniary reward, for there was no salary attached. Nor was his motive in entering the faculty a yearning for prestige, for he already had such an enviable position in the profession that his presence in the faculty seemed to his colleagues a very necessity for its success.

"Truthfully then it may be said that in accepting his first position as Professor of Materia Medica

and Therapeutics he exhibited no itch for office, but only a desire for the good of the cause. I believe that in medical schools as well as in politics any candidate who has an excessive *itch* for office should be *scratched* by the voters.

"I am strongly tempted to go on and say much more in praise of Dr. Wesselhœft and particularly (in this connection) of his influence for good, through his teachings, on successive crops of students; but time is short and other speakers are to follow. Besides, we must remember that he is here with us tonight, and we must spare his feelings and not embarrass him by saying now all the good things we know of him. He is not dead yet, even if his good wife does think he is an angel. When he is dead, those of us who survive him can add a lot more to the good things we now say, and he will then be unable to say 'Hold—enough.' But this is not a funeral oration (may such not be in place for many, many years), and I fear I am becoming too solemn and need to change my mood. The angel just spoken of reminds me of a funny story lately told by one of our faculty whose name suggests the encasement of only what is left of mortal man after all that is angelic has departed.

"A little girl, being puzzled, asked her mother if there were any *men* angels. 'Of course there are,' said the mother, 'why do you ask?' 'Because,' the little girl answered, 'all the pictures of angels I have ever seen have been women in long, white robes and with large wings. I never saw a man with whiskers representing an angel.' 'Well, my dear,' said the mother, 'there is something in what you say. Probably the reason is that it is only by a very close shave that a man can ever get into heaven anyway.'

"My eyes were opened and a new light began to shine into them. I now could seee what I never could understand before, why our genial professor who told this story is now so very assiduous in the use of the razor."

Dr. Howard P. Bellows followed and spoke for the alumni of the Boston University School of Medicine, voicing their sentiments in doing honor to the beloved veteran.

Dr. Arthur B. Norton, of New York, spoke for the American Institute of Homœopathy and the Physicians of the United States, paying a warm tribute of honor to the distinguished guest.

Rev. William F. Stearns, of Norfolk, Connecticut, was spokesman for the friends and patients.

Dr. George B. Rice presented a loving cup to Dr. Wesselhœft with the following well chosen remarks:

"On behalf of a committee of which I have the honor of being chairman, but acting for a still larger body of your associates, I am commissioned to present to you this loving cup as a token of our esteem and loving appreciation of a life devoted to the cause of Homœopathy and the uplifting of humanity.

"We gather from the writings of the great seer and philosopher, Emerson, that a man takes rank among the great, when he can say I was born to do a certain work, I must do it and no man can help or hinder me; who loves best the book that convicts him, not that which flatters him; who asks no rank, no power, no decorations; who is content to say, if what has been said is the truth, what matter who said it, or what matter by whom good is done yourself or another.

"We who have gathered here tonight to honor you on this your seventieth birthday believe that these are some of the attributes of your character. You felt that you were fitted to do a certain work, and you accepted the responsibility at a time when acceptance meant professional ostracism from a large number of your associates, when it meant a loss of social prestige, and when it compelled you with a few others to work in a restricted circle; but your sturdy sense of honesty compelled you to follow your convictions, and as a result you have won the loyalty, and trust, of hundreds of your confreres and patients throughout the land.

"This book, which I also present to you, contains within its pages the names of some of those who are directly interested in these proceedings of tonight, but it does not contain the names of one-tenth or one-twentieth part of those who have been inspired by your example to do right for right's sake.

"May the remaining years of your life be as bright as the polished surface of this loving cup, and may the enduring silver of which it is made remind you that the truths you have championed, and the laws you have helped to demonstrate, will endure until earth and heaven have passed away."

A purse of gold of over $2,000 accompanied the loving cup.

To Conrad Wesselhoeft, M. D.,
On his seventieth birthday, with loving appreciation
from his professional associates throughout
the United States.
1834—March—1904.

Dr. Wesselhoeft's response was characteristic. He reviewed some of the happy experiences of his professional career—incidents of his teaching and hospital work—and said he must be allowed to appropriate of what had been said regarding him what he felt he could honestly find, if anything, that really belonged to him because of any service he had rendered. During the dinner several musical selections were given by members of the Orpheus Musical Society in honor of their former associate.

INDIANA INSTITUTE OF HOMŒOPATHY.

Preliminary Announcement.

Noblesville, Ind., March 22, 1904.

Dear Doctor—The work of the State Institute of Homœopathy is progressing, and it becomes necessary for each and every homœopathic physician of the State of Indiana to take an active interest in our Institute work that the principles we represent will be perpetuated. We must organize and work faithfully that success may crown our efforts in keeping before the public the true principles of Homœopathy. It is demonstrated daily and is a self-evident fact that the homœopathic physician of the day is above the average medical man in refinement, posi-

tion in society, success, business and medical knowledge.

We are proud to be members of the State Institute of Homœopathy and to meet our fellow-physicians in the Institute work and exchange thought and gain wisdom from the reading and discussion of good medical papers.

If you are a member you will receive a letter from some one of our chairmen of the different bureaus to prepare a paper pertaining to his subject or assist in discussion to make the bureau a success. If you are not a member a letter of your intentions to the secretary will place you on the program.

Plans for a social evening will be formulated, railroad rates will be granted and in no way will the Institute of 1904 be second to the previous year.

Hoping the work of the coming Institute will be a pleasure and that each and every member will lend their valuable assistance.

A subsequent announcement will be mailed later.

Fraternally,

Samuel Harrell, M. D.,
Secretary.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The fortieth annual session of the Homœopathic Medical Society of Ohio will be held at the Great Southern Hotel, Columbus, on Tuesday and Wednesday, May 10 and 11, 1904.

The society will not convene until Tuesday at 1 P. M. This hour is chosen so that every physician in the State may be present at the entire meeting with but two days' absence from home.

Every homœopathic physician in the State should attend this meeting to aid the cause of Homœopathy as well as for his own good.

We are promised an especially valuable program, which will be of benefit to all who attend. In addition there will be a banquet at the Great Southern Hotel on Tuesday evening, May 10, given by the homœopathic physicians of Columbus.

A program of the meeting will be mailed to the members of the society and to any other physician on request.

Sincerely yours,

W. B. Carpenter,
President;
C. E. Silbernagel,
Secretary.

MICHIGAN STATE HOMŒOPATHIC SOCIETY.

The secretary informs us that the meeting of this society will take place in Detroit May 17 and 18. The program promises to be a good one and the outlook for a fine meeting is good. Detroit is easily accessible from all parts of Michigan by the Michigan Central railroad, Grand Rapids, Kalamazoo, Jackson, Ann Arbor, Lansing, Saginaw and Bay City all being on its lines. Every homœopathic physician in Michigan should attend this meeting and identify himself with the homœopathic interests of his State. We know of one so-called Homœopath in Michigan who was beguiled by the "medical boss" of his locality into joining the old school society, of course renouncing his allegiance to Homœopathy. In the same town, however, lives a member of his same society who still refers to him as a "Homœopath," and perhaps—a homœopathic quack. He is swallowed, but he has gained nothing, and, thank God, we have lost nothing in losing him.

WISCONSIN STATE SOCIETY.

Announcement.

Spring as a rule is the busiest time for the physician, and it is during this time that he is apt to be called to treat cases that are rare and complicated, often baffling the skill of our best physicians.

My object in writing you at this time is to interest you if possible in our State Society, which will meet in this city May 24, 25 and 26. At this meeting many questions concerning such cases as may have baffled you will arise and be discussed, which may be of great benefit to you in your work.

As you see from the above dates we will have a three-days' session this year instead of two; this change was decided on at our last meeting in Oshkosh, where the meeting was made so interesting by the members that there was not sufficient time for properly discussing the various papers. By adding two new bureaux (that of electro-therapeutics, skin and venereal) it will give us a larger field to cover and the three days will give us ample time.

You can show no greater interest in Homœopathy than by beginning to plan now to be present at that meeting. Keep in mind the cases that you have had during the past year that have been especially interesting to you, in one way or another, either success or failure, new remedies that have proven themselves useful, or difficult cases that may have resisted your best efforts; any of these if brought before the meeting, either in the form of a paper or in discussion, may help others in similar cases, and you may be benefited by others' experiences.

As we have but very few local societies in the State let me urge upon you the necessity of taking a greater interest in this line of work. In order to rank with our sister States it will be necessary to take a personal interest in this matter, especially our State Society, where we can plan and counsel together for the best interests of our school.

Any information in regard to applications for membership, etc., will be cheerfully furnished from this office. Should any of the various chairmen ask you to prepare a paper, be ready to do so, and if you are not already a member consider it your duty to become one at this meeting.

Trusting that we shall have the pleasure of seeing you at our meeting in May

I remain, yours fraternally,

M. A. Barndt,
Secretary.

KENTUCKY STATE HOMŒOPATHIC SOCIETY.

Dear Doctor—On Wednesday and Thursday, May 25-26, 1904, there will be held, at Lexington, a meeting of the Kentucky State Homœopathic Medical Society. Every year our society increases in numbers and interest, and we invite you, doctor, to enjoy the interesting program being prepared for the May meeting.

Note please the list of chairmen: Clinical Medicine, J. C. Thomason, M. D., Georgetown; Materia Medica, J. A. Banta, M. D., Somerset; Gynæcology, E. B. Johns, M. D., Lexington; Obstetrics, Minnie C. Dunlap, M. D., Lexington; Surgery, George S. Coon, M. D., Louisville; Pædology, C. E. Smoot, M. D., Richmond; Preventive Medicine, J. A. Vansant, M. D., Mt. Sterling; Opthalmology, Otology and Larynology, Wm. F. Reilly, M. D., Covington.

The president, secretary and chairmen have already been at work and many bureaus are almost filled, but a good paper is always welcome. Send in the title of your paper to any of these officers at your earliest convenience, and they will gladly give it a place on the program.

Above all, doctor, be present at the meeting. We have all had an arduous winter and a few days away from the routine of practice, hearing papers, taking part in the discussions, meeting your fellow homœopaths socially, will do you a great deal of good, and prepare you for better work in the future.

So do not fail to be with us at least part of the time.

Appended you will find as nearly a correct list of our list of men in the State as I can get; any corrections or additions needed consider yourself a committee of one to notify me of same.

Thanking you for papers and asking your hearty co-operation for the good of our society,

I am fraternally,

H. M. Clendenin, Secretary,
"The Gaulbert," 401-402.

Louisville, March 15, 1904.

The Library.

BOOK REVIEWS.

The Man Who Pleases and the Woman Who Charms.

By John A. Cone. Hinds & Noble, New York.

A neat little work on the subject, being a series of essays on topics good for both man and woman to know. It will help in appearance, conversation, manners, English, dress and many other things that goes to perfect and embellish men and women.

International Clinics.

Volume IV., Thirteenth Series. J. B. Lippencott Co., Philadelphia.

Another volume of this well-known quarterly, replete with its usual collection of fine essays, any one of which is worth the price of the book. Our readers are too familiar with the series to need further special comment.

A Syllabus of Diagnosis.

Being a series of questions based upon a work on Clinical Medicine, by Dr. Clarence Bartlett, and a Course of Lectures in Physical Diagnosis, by Dr. E. R. Snader. Prepared by William F. Baker, A. M., M. D., Clinical Instructor of Medicine in the Hahnemann Medical College, of Philadelphia, Pa. 107 pages. Paper, 25 cents. Philadelphia: Boericke & Tafel. 1904.

A most useful accompaniment of that charming work, Bartlett's Diagnosis.

Howe's Hand-Book of Parliamentary Usage.

Hinds & Noble, New York.

A very useful and practically gotten up booklet. Handy to have on the table of the secretary of a medical society for quick reference.

Hand-Book on the Prevention of Tuberculosis.

Published by the Charity Organization Society, New York City.

This is the first annual report of the Committee on the Prevention of Tuberculosis and contains valuable essays and instructions, which, even if tuberculosis be not an infectious disease, it would be well to follow if only for the sake of better sanitation and health.

System of Physiologic Therapeutics.

Cohen. Vol. VII. P. Blakiston's Son & Co.

This volume, which is the last of the series with the exception of one which is being brought down to date by articles on radium, is devoted to mechanotherapy, physical education, including message and exercise. It has special chapters on orthopœdic apparatus also. Like all of the preceding volumes it is complete in every part. We cannot too highly commend this system of therapeutics to the homœopathic physician; there is nothing in the whole work that is antagonistic to Homœopathy and much that is not only necessary for homœopathic physicians to know if they would keep abreast of the times, but also much that is simple common sense.

Complete Medical Pocket Formulary.

Containing 2,500 prescriptions collected from physicians of experience. By J. G. Wilson, A. M., M. D. J. B. Lippencott Company, Philadelphia. Third edition.

This will be a useful book for homœopathic physicians only as a work to determine about what line of treatment has been pursued by an old school predecessor in a given case. An idea of the drugs given may perhaps be traced through the formulæ given herein, which are arranged under the heads of diseases. This, as we all know, is valuable, for we are frequently called to antidote the harmful effects of previous treatment before we can successfully apply our remedies. The book is well and concisely arranged.

Transactions of the American Institute of Homœopathy.

Fifty-ninth Session held at Boston June, 1903. Edited by Charles Gatchell, secretary.

This volume appeared on our table on March 21, which was considerably later than that of the previous year, the responsibility for which the secretary announces in a preface is entirely due to him. The volume is of the same style as its predecessors and contains the proceedings of the Institute represented in the bureaux, the Surgical and Gynæcological Society, the Obstetrical Society and the Society of Electro-Therapeutics. It makes a volume of 924 pages, which is about the same size of the Richfield Springs volume, and it would seem that the O., O. and L. Society's proceedings could also be incorporated in it without making the volume unwieldy. We hope that the next issue will contain all there is of all the societies.

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

NEW YORK AND CHICAGO.

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MAY 1, 1904.

Editorial.

TETANUS AND HYDROPHOBIA.

There is a large class of physicions in the country who would have all diseases treated in the prevailing or orthodox manner, and who hold up their hands in horror if a patient dies, or, perchance, gets well, under any other method of treatment. This is the class that would force laws for compulsory vaccination, would call every throat trouble diphtheria and have it treated with antitoxin, who would by law force the injection of anti-tetanic serum, despite the fact that this procedure is a failure; in fact, who would make a new era in medicine, an era of compulsory medicine. They would force every one bitten by a dog or other animal to go to the nearest Pasteur Institute and be inoculated with "Pasteur's Disease."

From the increasing number of "anti" serums that industrious and thrifty physiological chemists and pharmacists are continually bringing forth it would seem well to pause and ask ourselves where all this is to end.

Apropos of the Pasteur treatment for hydrophobia, a study of the progressive medical journals of the old school shows that hydrophobia is passing. This is asserted in spite of the fact that since the advent of the Pasteur treatment, and the establishment of Pasteur Institutes all over the country, there has been a significant increase in what is called hydrophobia. On the other hand, it is shown that the claims of the Pasteur treatment, that the mortality of hydrophobia has been reduced to 1 per cent., is based largely on the hypothesis of what might have been had this treatment not been followed. Dulles gives the normal mortality of bites from rabid dogs as being less than 2 per cent., and he also mentions the fact that a large number of deaths from so-called hydrophobia are from bites of animals that had no history or appearance of disease whatever. The list of opponents of the Pasteur treatment seems to be growing. Sir William Cull says: "Pasteur does not cure hydrophobia, he gives it." Dr. Berdoe, M. R. C. S., says the Pasteur treatment undoubtedly leads to a similar condition, namely, hystero-epilepsy. Dr. Dolan, F. D. C. S., asserts that the harm of the Pasteur treatment consists in adding more terror to the victim.

There is nothing more common and every day in occurrence than the bites of cats and dogs, and there is nothing better known than that there is a train of symptoms following the bites of animals believed to be rabid that ends in death, and that the same symptoms are likely to occur in cases where the bites occurred from apparently healthy animals. A recent item of statistics from Germany shows that of 230 persons bitten, 187 received the Pasteur treatment and no rabies resulted, yet the remaining 43 persons did not receive the Pasteur treatment and no rabies resulted, and of the 165 animals that did the biting, in all these cases, 102 had symptoms of what is called rabies.

A short time ago a writer in the New York Medical Record, with considerable plausibility, runs hydrophobia literally into the ground. He asserts that, setting aside the element of fear, the most probable explanation is that fatal cases of hydrophobia are due to nothing but tetanus, and that the bite of the animal was but a means of introducing the germ into the system.

We are inclined to believe that there is much truth in this assertion. We know that garden earth, dirt, dust and manure is the habitat of the tetanic bacillus; we know that dogs and other animals, such as the cow, from whose bite we also get hydrophobia, have a predilection for wallowing in dirt and manure and that it is not inconceivable that the germ may find its way into their mouths, become mixed with the saliva, and thus by means of the bite infect the human body, just as dirt with its tetanic laden germs follows the Fourth of July toy pistol. We know, too, that the symptoms of the period of incubation, rigidity of throat and neck muscles, convulsions and the post-mortem appearances of a congested spinal cord are common to both tetanus and hydrophobia. Furthermore we of the homœopathic school know that such remedies as Stramonium, Belladonna, Hydrocyanic acid and Cuprum are the most frequently indicated remedies in both diseases, thus establishing at least a similarity between them.

Taking these possibilities into consideration it would seem that another argument against compulsory medicine is furnished. If we are to have compulsory medicine, let us do a little in the compulsory line ourselves, and have laws passed that all who are exposed to scarlet fever be inoculated with a few doses of Belladonna 30th, which for over a

hundred years has been proved to be of value. If our friends of the old school can pass laws compelling the use of antitoxin and vaccine, why cannot we go them one better and compel them to use one of our own discoveries?

EDITORIAL BREVITIES.

Homœopathy in Canada.

The homœopathic directory for 1903, issued by the Homœopathic Publishing Company, of London, shows that Homœopathy flourishes in the British-American possessions. Doubtless, owing to difficulties in obtaining data in England as to the number practicing in the Dominion of Canada, it is understated in this directory, there probably being about 100 homœopathic physicians practicing in the provinces of Ontario and Quebec. Here again Polk's Directory shows its inexactness. We showed last May how this directory omitted 20 per cent. of the homœopathic physicians in Massachusetts; in November we showed that 33 per cent. of the Homœopaths of Minnesota were omitted. According to Reily's Directory, of Missouri, there are 65 more homœopathic physicians in that State than given by Polk. An examination of this English directory now shows that Polk has omitted over 60 per cent. of the Homœopaths practicing in the Dominion of Canada.

We should have a good directory of the physicians of our school. Why do not some of our enterprising pharmacists issue one?

New Chicago Homœopathic Hospital.

A new hospital, the construction of which is to be begun immediately, is to be built in connection with the Chicago Homœopathic Medical College. It is to be a seven-storied building, and will cost $500,000, and the trustees believe it will be the most complete and perfectly equipped hospital in Chicago.

It is to be a memorial hospital to the victims of the Iroquois Theatre fire, two of the heaviest contributors being Mr. W. M. Hoyt and Mr. R. T. Crane, both of whom lost relatives in the fire, children or grandchildren. The site of the proposed building is on the northwest corner of Hermitage avenue and York streets. The architect's plans are most complete, and when finished our friends in Chicago will have perhaps the finest homœopathic hospital in the world. Needless to say that, though it be a high building, it will be absolutely fire-proof.

American Institute Notes.

Time of meeting, June 20 to June 25.

Place, Niagara Falls, N. Y.

Scientific sessions, Cataract House.

Exhibits, International Hotel.

Routes. All railroads lead to Niagara Falls; from the West the Michigan Central or Niagara Falls route offers the best facilities, and it is a good homœopathic road; from the Southwest the Big Four offers through connections to the Falls, and this road runs through a fertile homœopathic country. From the East the New York Central is the only way. Bear these roads in mind, they are good ones.

Chairman Hodge, of the local committee, has matters well in hand for the entertainment of the Institute members, and he is a good one. Every member should attend.

The American Institute of Homœopathy will meet in Sixtieth Annual Session at Niagara Falls, N. Y., June 20 to 25, 1904. Headquarters will be at the International-Cataract House. Rooms can now be engaged. The Railroad Passenger Associations have granted a special rate of a fare and a third from all points, on the certificate plan. About the middle of May the annual announcement of the coming meeting will be mailed to all homœopathic physicians whose names are in Polk's Medical Register.

Editor's Table.

GENERAL NEWS.

Dr. G. Schmidt has removed from New Ulm to Sleepy Eye, Minnesota.

Boericke & Tafel have removed their Chicago store to No. 57 Wabash avenue and their uptown New York branch to 129 West 42d street.

The Kansas Homœopathic Medical Society meets in Topeka on May 4, 5 and 6. A large attendance is hoped for.

The Northern Indiana and Southern Michigan Homœopathic Society meets on the 3d, at Elkhart, Ind.

Tampico, Mexico, with 25,000 inhabitants, many of whom the Homœopathists, wants a homœopathic physician.

Dr. W. A. Hazelton, of Wausau, Wis., has sold his practice to Dr. W. A. Green. Dr. Green formerly practiced at Ohio, Illinois.

The California State Society will meet at Santa Cruz on May 11, 12 and 13. A fine meeting is expected.

Dr. C. Carleton Chaffee, formerly of Benicea, Cal., has located at Virginia City, Nevada. This is a good homœopathic town, and we wish the doctor success in his new field.

The editor received a visit from Mr. W. T. Sunley, who represents Antiphlogistine. He is always welcome, for he brings samples of a good thing: in fact, the very best there is.

The Transactions of the American Institute goes Kraft one better in his Rickey-Homer-Hannah combination in mentioning Brother Gatchell as "Gatehill."

Dr. A. B. Clapp, formerly of Muscatine, Iowa, assumed, on April first, the practice of the late Dr. C. C. Pillsbury, of Duluth, Minnesota. Dr. Clapp takes with him to his new field the best wishes of the Medical Century.

Dr. Lizzie Gray Gutherz, of St. Louis, returns to her practice much improved in health after a sojourn at Citronelle, the famous Alabama health resort, where she was the guest of Dr. A. M. Duffield.

The Ohio Sanitarium Co. is the name of the company that owns and operates the C. E. Sawyer Sanitarium at Marion, Ohio, and the Park View Sanitarium at Columbus.

The excellent article appearing in our last issue on the Reasonableness of Homœopathy, by Dr. A. M. Webster, of Grand Rapids, should have been credited to the West Michigan Homœopathic Society, before which it was presented.

The Medical Forum, our new Kansas City contemporary, shows improvement with every succeeding number. The March issue is especially a good one. We are glad to welcome it to our table. There is room for plenty more like it.

Dr. E. H. Pratt's ninth post-graduate course opens at the Chicago Homœopathic Medical College on May 16, and continues a whole week of daily sessions of four hours each. This course is a popular one and always largely attended.

Mr. W. J. Tinker, of Pittsford, N. Y., a sophomore in the homœopathic department of the University of Michigan, died from drowning on April 18th. Mr. Tinker was a member of the Alpha Sigma Fraternity, and was engaged in the provings recently conducted by his chapter of that fraternity.

Dr. S. H. Blodgett, who devotes his attention exclusively to urinary diseases, has offices at 419 Boylston street, Boston. Dr. Blodgett is in charge of the urinary laboratory of the Massachusetts Homœopathic Hospital, and he will personally oversee the examination of any specimen of urine sent to him in care of the hospital.

The Indian Homœopathic Reporter is the title of a new homœopathic periodical published in Calcutta. Four numbers have reached us. It is edited by Dr. Sarat Chandra Ghose, and is published by a pharmacy called the Hahnemann Home. It is fully alive to the interests of Homœopathy in India, and we are glad to add it to our list of exchanges.

The Detroit and Buffalo Steamboat Co. run comfortable and palatial boats between Detroit and Buffalo. A comfortable night may be spent on the lake, arriving in Buffalo in the morning. It is a good way to get to the Institute. It is a good way for Buffalo physicians to get to the Michigan meeting in Detroit. It is a good way for anybody to travel.

The department of the Medical Century known as the publishers' department should always be consulted by our readers. Notices of special courses, locations, practices for sale and much over-flow matter often of the highest importance is sometimes unavoidably placed therein, matter that comes in after the regular forms have been made up.

The Trunk Line Association have granted a one-fare rate for the round trip to the American Medical Association for the meeting of that organization in Atlantic City in June. Heretofore a one and one-third fare rate only was available. We trust the Transportation Committee of the American Institute of Homœopathy will do likewise. A one-fare rate to Niagara Falls would increase the attendance markedly.

The New York Central and Hudson River R. R., in connection with the Boston and Albany, covers the entire eastern territory for the American Institute meeting at Niagara Falls next month. There are other roads, but the members will stand by the old reliable, and, by the way, a number of homœopathic surgeons are connected with the New York Central railway surgical service.

Alumni Association of the New York Homœopathic Medical College and Hospital; Alumni Day will be Thursday, May 12. An interesting program has been provided. The annual alumni dinner will be given at the Waldorf Astoria, Fifth avenue and 34th street, in the evening. The toastmaster, William Francis Honan, '89, has secured a number of famous speakers. Over 400 were present last year; try to make it 500 this. The editor of the Medical Century presides.

The commencement exercises of the Detroit Homœopathic College were held on April 19th. The following eight received the diploma of the college: Harry Arnold Barbour, Bristol, Ind.; Delno Merton Bigelow, Copley, O.; Frank Bernard Broderick, Detroit; Noah Sherman Hilty, Bluffton, O.; Clarence Berdell, Lashuay, Bowling Green, O.; Raymond Eugene Miller, Detroit; Guy Burwell Stall, North Jackson, O., and Lucien Fletcher Webb, Detroit.

The faculty address was delivered by Dr. R. C. Olin. Dr. Alfred Graham, vice-dean, presided. The annual banquet was held at the Hotel Cadillac.

TWIN CITY NEWS.

BY HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. A. E. Higbee, who has been ill with typhoid fever, we are glad to report, has recovered so as to be able to go South for his convalescence.

Dr. A. E. Booth recently suffered from an attack of appendicitis, but has again resumed practice.

Dr. Joseph Davidson Lewis, of St. Paul, a graduate of Cleveland and N. Y. Ophthalmic College, has, so we are informed, announced to his friends that he is done with Homœopathy and has gone over to the old school and joined their societies.

Dr. W. S. Briggs we are glad to announce is convalescent after quite an illness from over-work.

The College of Homœopathic Medicine and Surgery of the University of Minnesota has been having unusually good clinics this year at the St. Paul City and County Hospital and the Minneapolis City Hospital.

Dr. C. B. Pillsbury, of Duluth, whose death was announced in our last issue, died of sepsis resulting from an abscess of the throat.

Winona (20,000 inhabitants) and Duluth (50,000 inhabitants), Minnesota, are two exceptionally fine openings for Homœopathists, there being but one in each city.

Minneapolis, Minn., March 28, 1904.

The Minnesota State Homœopathic Institute meets at Minneapolis May 17, 18 and 19 for its thirty-eighth annual session. The following are the

bureau chairmen: Pathology, etc., G. G. Balcom, Lake Wilson; Homœopathy, H. M. Halvorson, Garrettson, S. D.; Skin and Venereal, Thomas Lowe, Slayton; Obstetrics, B. H. Ogden, St. Paul; Pædology, H. M. Lufkin, St. Paul; Surgery, A. E. Comstock, St. Paul; Eye, Ear, Nose and Throat, G. M. Haywood, Minneapolis; Mental and Nervous, A. P. Williamson, Minneapolis; General Medicine, A. S. Wilcox, Minneapolis; Electro-Therapy, T. J. Gray, Minneapolis; Materia Medica, W. E. Leonard, Minneapolis; Gynæcology, A. E. Booth, Minneapolis; Sanitation, etc., P. M. Hall, Minneapolis.

Henry C. Aldrich, President,
Minneapolis.
E. L. Mann, Secretary,
St. Paul.

WASHINGTON NOTES.

BY J. H. BRANSON, WASHINGTON, D. C.

At the regular meeting of the Washington Homœopathic Medical Society held April 5, there being very little business of interest, nearly the entire evening was given up to a paper by Dr. J. B. Gregg Custis upon the subject of the "Practical Application of Homœopathic Remedies." Dr. Custis being one of the most experienced prescribers is frequently consulted by the younger men, and asked to tell them how to prescribe. In this paper he prepared an answer to that question, which was listened to with interest and highly appreciated by all present, particularly the younger men. He objects to empirical prescribing, to alternation and combination of drugs. He believes in straight Homœopathy, and, while he does not insist upon the potency, rather favors the higher ones. He does not expect one to cover all the symptoms, but believes the keynotes are the best. He believes in prescribing for characteristic symptoms and in using common sense and reason; Jahr's Forty Years' Practice being the book he would advise the young men to study particularly. He believes also in repertories, and in the careful study of Materia Medica, and considers it unnecessary, as well as harmful, to use anodynes and palliatives in acute cases.

Considerable discussion followed the paper. Dr. George E. Lewis spoke as one of the younger members of his appreciation of Dr. Custis's work. Dr. Choate found nothing to criticise, and would commend all the paper contained. Dr. F. A. Swartwout thought the young men did not study enough. Dr. C. B. Gilbert mentioned several illustrations of the undoubted efficacy of straight homœopathic prescribing, and believes that the proper books are a great help to the young man. He must have a good library, and then make plenty of use of it. Dr. G. W. N. Custis also gave some illustrations of results obtained by strictly homœopathic methods. Dr. A. H. Taylor does not believe in repertories, at least for himself, he finds greater help in the works of Farington of Dunham.

At the next meeting the subject for discussion will be Electricity, and Dr. A. K. P. Harvey will have a paper upon the X-Ray and the Finsen Ray.

The Board of Medical Supervisors of the District of Columbia have sent to the commissioners a draft of a bill to allow physicians who have practiced ten years or more in other States to enter practice in the District of Columbia without examination, provided the examination they have passed in the States in which they practiced equals the one given here, and provided the examining boards of said States will allow physicians from the District the same privilege.

Dr. L. B. Swormstedt and Dr. B. F. Gibbs were out of work a few days with the grip, but are both in harness again.

The bill which has been before Congress to appropriate $50,000 more to continue the building of the new National Homœopathic Hospital passed the Senate in a modified form, they being willing to give $25,000 this year, with the direction that the contract should be made for $50,000 and the work be begun, with the prospect of finishing it next year.

The present administration building, which is under construction, will cost at least $3,000 more than it was expected owing to the fact that in digging the foundation they found some old beer vaults which were not known to exist, and, while they were unfortunately empty, they will add a great deal to the cost of the foundation.

Dr. Leigh Y. Baker has moved from 1100 13th street to 1329 L street, N. W.

Dr. W. G. Emory has moved from 1400 L. street to The Rockingham.

KANSAS CITY NOTES.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

The sixteenth annual commencement of the Kansas City Hahnemann Medical College was held in the Academy of Music April 8 at 8 o'clock P. M. A belated snow storm deprived a great many of the pleasure of attending the exercises.

Dr. E. H. Pratt, in his characteristic fashion, entertained the audience with the annual address, giving to the graduates volumes of wholesome advice and to the laity many bits of original thought along the line of medical theoretics.

On the whole Dr. Pratt's address was more than was expected, and in all candor a very great deal was expected of him.

Preceding the annual address Dr. J. Stuart Smith, rector of St. Mary's Episcopal church (and formerly a proficient, consistent homœopathic physician), delivered the invocation.

Dr. Pratt was followed by Dr. Lloyd G. Van Scoyoc, dean of the college, who delivered the faculty address in most pleasing style.

The degree was conferred upon the fifteen graduates by Dr. Chas. Ott, president of the college, after which the faculty, students and alumni enjoyed a seven-course banquet at the Midland Hotel. Toasts were responded to by several members of the faculty and others.

Dr. Lloyd G. Van Scoyoc, who now lives in Los Angeles, California, is in Kansas City incident to his commencement-time duties as dean of the K. C. H. M. C.

An effort was recently made by the Bell Tele-

phone Company to persuade the druggists (and incidentally the doctors) of Kansas City to continue the use of their (Bell) 'phones after April 1, but all of the influences, imported and local, fell short of the mark, and now the Kansas City physician or druggist other than the "Home" 'phone is a rarity.

Dr. Joseph M. Patterson is now at a Southern resort slowly recovering from an attack of articular rheumatism that has proven exceedingly painful from its onset. We are informed that the genial doctor will return to Kansas City within a few days.

Drs. J. Frank Brooke, of Slater, and Chas. Ott, of Higginsville, are in Kansas City to attend the graduation of their friends, the class of '04, K. C. H. M. C.

The Dunham Medical Society of the K C. H. M. C. closed its year's work on the evening of April 5 at the college building with appropriate exercises.

The Kansas City profession is in readiness for the meeting of the Missouri Institute of Homœopathy in St. Louis April 27, 28, 29, '04. The cheerful reports from the secretary, Dr. Mellies, of St. Louis, have proven a great stimulant to the profession throughout the State.

Dr. William Maclay Lyon, Kansas City's specialist in diseases of the stomach and intestines, has recently equipped his office with a complete apparatus for the examination and diagnosis of diseases of that class.

Dr. E. P. Howell, of Galena, Kansas, was renewing acquaintances in Kansas City during the first week of April.

ROCHESTER ITEMS.

BY WM. PERRIN, M. D., ROCHESTER, N. Y.

The quarterly meeting of the Monroe County Homœopathic Medical Society was held in the parlors of the Homœopathic Hospital on Tuesday, March 8, 1904. The following very interesting programme was arranged for the meeting, and it is to be regretted that there were not a larger number present:

Lycopus Virginicus, by Dr. Grace A. B. Carter. This paper was read by Dr. Ricker, and discussed by Dr. W. W. Winans.

The next paper proved to call forth considerable discussion, and was thoroughly enjoyed by all. Puerperal Sepsis, by Dr. W. W. Winans, discussed by Drs. R. A. Adams, E. Clayton Smith and W. W. Johnson.

The consensus of opinion was that there was too great a tendency for mechanical interference in these cases, and not give nature a chance to resist the infection. The seriousness of a curettement is being brought more forcibly before the profession, and should not be undertaken until other means have been resorted to, and then only by one who has had experience in this line.

Following this, Dr. L. J. Souders read a paper on the uses and limitations of the X-ray, citing a number of very interesting cases. This paper was discussed by Dr. W. W. Johnson.

In conclusion, Dr. F. T. Bascom read from a paper entitled Current Topics. This is a new departure for the Society, and its object is to bring before the meeting each month in as few words as posible the latest discoveries of the medical and surgical world.

Items of interest that any of the profession may discover during the month, if they will mail the same to Dr. Bascom, he will be glad to gather what information he can on the subject and bring it before the Society at each quarterly meeting.

Dr. H. B. Pinkerton, formerly resident interne in Buffalo Homœopathic Hospital, has accepted a position as interne on the resident staff of the Rochester Homœopathic Hospital.

The twentieth annual meeting of the Western New York Homœopathic Medical Society was held at the Hotel Iroquois, Buffalo, April 8, 1904.

A large delegation from Rochester attended the meeting.

The following programme together with an entertainment and a banquet in the evening made a most enjoyable day:

Question of Diet in Chronic Nephritis, Dr. F. Mortimer Lawrence, Philadelphia, Pa.

A Report on Three Kinds of Eye Cases, Dr. F. B. Seitz, Buffalo.

Special Topics, Dr. Leon T. Ashcraft, Philadelphia.

The Roentgen Ray in Medicine and Surgery, Dr. L. J. Souders, Rochester.

Herniotomy, Dr. N. M. Collins, Rochester.

Diagnosis of Diseases of the Gall Bladder and Ducts, Dr. Geo. T. Moseley, Buffalo.

The Diagnostic Value of Leucocytosis, Dr. Warren C. Daly, Rochester.

OBITUARY.

Dr. Mary D. Moss.

Boston University School of Medicine, 1875. At Providence, R. I., March 25.

Dr. Charles E. Welton.

New York Homœopathic Medical College, 1902. At Syracuse, N. Y., March 26.

Dr. Henry N. Small.

On March 15, in Chicago. Hahnemann Medical College of Chicago.

Dr. George H. Neal

Of Falls City, Nebraska, on March 15. Hahnemann Medical College of Chicago.

Dr. C. Munson.

Homœopathic Medical College, Chicago, 1872. At San Francisco March 20. Dr. Munson for many years was the principal homœopathic physician of Tacoma, Washington.

Dr. A. Stanley Dolan.

University of Michigan Homœopathic College. At Riverside, Cal., March 21. Dr. Dolan was former assistant physician at the Ionia Asylum for the Criminal Insane, at Ionia, Mich., and assistant physician to the Southern Homœopathic Insane Asylum, at Patton, Cal.

A FEW OF OUR WOMEN CONTRIBUTORS.

DR. REBECCA R. GEORGE,
INDIANAPOLIS, IND.

DR. JULIA C. LOOS,
HARRISBURG, PA.

DR. MARTHA G. RIPLEY,
MINNEAPOLIS, MINN.

DR. MILLIE J. CHAPMAN,
PITTSBURG, PA.

DR. CLARA BARRUS,
MIDDLETOWN, N. Y.

DR. ANNIE S. HIGBIE,
NEW YORK CITY.

DR. ISSIE S. POWERS,
GRAND RAPIDS, MICH.

DR. CARRIE B. BANNING,
FORT WAYNE, IND.

DR. ANNA D. VARNER,
WILKINSBURG, PA.

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Clinical Medicine.

OBSERVATIONS.

BY DR. MILLIE J. CHAPMAN, PITTSBURG, PA.

We read of the giant strides of science, of the wonderful progress of modern medicine, and we expect much that experience does not reveal. The mechanical measures are attractive and the discoveries bewildering; the chemist's agents are ever present offering information, but there is still a demand for those who prescribe the single and similar remedy in the battle with manifestations of disease. Remembering that hygienic influences adjuvants and even palliatives are important in making comfortable those who suffer, but the cure depends upon the similimum.

In the study of backaches so common with girls and women many cases are rheumatic, developed by putting on cold, damp clothing. The muslin garments have not been well aired and subjected to the heat of sun or fire long enough to be safely worn. Correcting this cause and administering remedies beneficial for the effects of dampness, viz., Dulcamara, Rhus, Sulphur, Ustilago, Mercurius, cases having resisted long continued treatment will soon be restored to health.

It is a disappointment to the diagnostician who has made certain that cancer of bladder exists to have the entire suffering disappear in less than a week by taking the 30th potency of some remedy. Such a fact was a recent observation.

Another case was prostrated. At first diagnosed grippe. After the fever was reduced, tongue became clear and pains disappeared, a pelvic tumor was discovered and surgical treatment arranged, when a state of exhaustion occurred delaying the operation. Now Sulphur replaced Heroin for a sleeping powder. Ipecac removed "that deathly nausea;" Antimonium crudum removed the pain and enlargement in the sigmoid region. Thus Sulphur, Antimonium crudum and Ipecac caused her to think she was cured. Was the palliation justifiable?

Case four was known as hysteria and later insane, when she was admitted to a hospital. To get her ready for the journey a general practitioner was called, who gave her Thuja, Antimonium crudum, Asarum. When the membraneous discharges from the rectum ceased gradually the mind cleared and a normal woman needed no special care. These are every day experiences, but important to the individual and family. Shall we overlook them in the search for something more brilliant. Can we forget that the smallest detail is worthy investigation in our efforts to relieve suffering. Do we trust our remedies as far as they warrant.

A CLINICAL APPLICATION OF LYCOPUS VIRGINICUS.

BY GRACE A. B. CARTER, M. D., ROCHESTER, N. Y.

Miss R., age twenty-three; nationality, Irish; single; occupation, domestic.

Previous History—Patient said she had always been well and strong until three years previous to her admission to the hospital. At that time she had an attack of scarlet fever, from which she made a good recovery so far as she knew.

About six months after this attack she observed that her neck was increasing in circumference. The enlargement was noticed first upon the right side in the region of the thyroid gland. As the disease progressed both sides were involved. Six months later she began to feel faint and nauseated upon rising in the morning. These symptoms continued and increased in severity, and also appeared when she attempted to go upstairs. At times the fainting was accompanied by a sudden, rapid increase in the size of the neck, usually more pronounced upon the left side. This disappeared gradually, and was usually gone in twenty-four hours. The patient complained of sleepiness and lassitude during the day and insomnia at night.

Two years after the increase in the size of the neck was first noticed her attention was called to the unusual prominence of the eyeballs. Her vision became impaired, especially so for distant objects.

Chills and tremor were noticed for the last two months.

On her admission she presented the following well known symptoms of exophthalmic goitre:

The thyroid was enlarged upon both sides; thrills were felt and could be seen very plainly at times and murmurs were easily heard.

Exopthalmos was present with impaired vision.

Tachycardia.—Pulse, 110-120, and had been higher. Arterial pulsation could be felt in hands and fingers. Pulsations could be seen in praecordial region and in the vessels of the neck.

Profuse perspiration at times. Tremor general and involuntary.

No pigmentation of the skin was observed. Headache was general and throbbing in character. Nausea and vomiting after meals were frequent, but no diarrhœa; no backache.

She also complained of a constant pain in the stomach and craved some things. She had an aver-

sion to vegetables, and especially beets, articles of diet which she previously had enjoyed.

She was depressed, but easily excited if allowed to talk for a short time.

Lycopus Virginicus was prescribed; at first the third dilution, then the second and later the tincture. Relief of several prominent symptoms was soon seen. The pulse rate lowered; nausea and vomiting ceased, dizziness and headache nearly so.

Upon increasing the size of the dose of the tincture a number of the prominent symptoms of the drug were observed. These became so severe that it was stopped, and either Gelsemium 3x, Nux 3x or Ipecac 3x were given for one or two days. This was tried a number of times until the aggravations were so pronounced that the tincture was discontinued.

The following in brief are some of the most important symptoms noticed:

Head.

Headache general, constant, throbbing increased in severity. Sharp, darting pains through the head; giddiness with constriction in region of larynx.

Larynx.

Cough (slight).

Chest and Heart.

Sharp, stitch-like pains; also, a constricting pain in praecordial region. Respiration more oppressed.

Stomach.

Nausea, which had subsided, became constant. Vomiting after each meal. Eructations and flatulence.

Aching in lumbar region became constant and severe.

Tremor increased.

Yawning frequent.

HOMŒOPATHIC ABORTIONS.

BY CARRIE B. BANNING, M. D., FORT WAYNE, IND.

Webster defines abortion as "anything which fails in its progress before it is natural or perfect."

The power to produce in this sense abortion of disease is one of the strongest proofs of the truth of similia similibus curantur. This power to abort disease is one of the reasons why Homœopaths are accused of having few serious cases of sickness as compared with the dominant school. It also gives cause for the cutting remark, "Homœopathy is good for women and children" (when there is not much the matter).

Not much has been said about the saving in suffering, time or money by this same process of abortion. But is it not worth considering? And is it not well to bring this to the notice of the general public when practicable? True Homœopaths should have the missionary spirit—convert the unbelieving public for their own good. And in so doing use the truths that most appeal to them. This same public are not generally interested in the intricacies of medical theories. They care nothing for hair splitting differences. But when it becomes a question of less time occupied with sickness, less bodily suffering and less bills to pay the appeal receives thought and attention. And first thing you know behold a convert! And when the convert believes he in turn becomes a missionary—carrying the good tidings.

We have all had cases in point along this line. And if we would cull them from our case-books they would make a surprising and interesting volume.

I give a few cases from my own experience:

Case I.—M. P., boy nine years of age. Saw him the afternoon of March 15, 1902. Temperature, 105°; vomiting, frontal headache, pupils dilated. The whole appearance of the child was indicative of severe illness. The family were intelligent and lived hygienically and there had been no errors of diet. March 19 the temperature was normal; child slept well and had good appetite; discharged. Belladonna was of course the remedy. What was it?

Case II.—S. R., very healthy child brought up on Homœopathy. At this time there was quite an epidemic of scarlet fever. Saw the case about 11 o'clock in the morning of March 13, 1901. Temperature, 105°; pulse, 140. Severe headache, flushed face, dilated pupils, throat inflamed, papillæ prominent on the tongue.

This case was in a boarding house, and as it looked very suspicious arrangements were made to remove the child to a place of isolation the following morning if necessary.

March 15 case discharged. Belladonna was the only remedy.

Case III.—Miss G., aged twenty-one, had been below par for a week, then became too ill to keep up. Temperature, 104°; pulse, 120; no pain or tenderness anywhere. There was a slight remission of temperature each morning and rise at night. The condition was typhoid in character. This case was in my own family, and not feeling satisfied I called in a brother practitioner. He pronounced it undoubtedly typhoid. At the end of four days the temperature began going down, but the face presented a curious mottled appearance, and on examining the body small irregular blotches were seen just under the skin. Another doctor happening in that morning I had him look at the case. He deemed it puzzling, but said after looking at the skin "we will know better tomorrow morning." The case improved during the day in feeling and temperature. The next morning there was no eruption, temperature normal, all symptoms of illness gone and health has been excellent for more than a year. The remedies given I do not recall, and there was no record of them kept. What was it? Who cares? It was some disease aborted.

The benefactions of Homœopathy are many, but this is not the least among them. To be able quickly to restore the equilibrium of the forces of the body, which means health, and so to avoid pain and suffering and danger of death, to say nothing of time and money, is enough to make us proud to be known as the followers of Samuel Hahnemann.

April 11, 1904.

A FEW HINTS TO THE BEGINNER IN DIAGNOSIS.

BY ISSIE S. POWERS, M. D., GRAND RAPIDS, MICH.

Accurate medical diagnosis is obtainable only by close observation of symptoms and of correct deduction of these.

To do this morbid states must be recognized. Not only the signs that appear at a glance upon the surface, but the hidden ones. Five senses are insufficient at times, and one or two more ought to be cultivated.

Errors of diagnosis will occur, of course, but the careful, painstaking, conscientious physician whose treatment goes beyond the present, and taken into consideration what is for the ultimate good of the patient, will make fewer serious mistakes than the one who attempts to relieve pain or distress with such haste as to mask important symptoms, thus destroying the guide to diagnosis.

To recognize the manifestations of disease, science has furnished means by the help of which we may detect accurately what was formerly conjectured. To make use of these means, one must be a pathologist, recognizing morbid action, understanding antagonism between diseases, the frequency of co-existing diseases, and the influence remedial agents have not only upon diseased structure, but upon the same structure in the normal state.

An anatomist to determine with certainty the seat of the malady. A physiologist to recognize perversion or absence of function.

To make satisfactory deductions from clinical inquiry, one must be familiar with the natural course of the disease that has no complications. Also the natural course of complications common to the disease under observance.

When called to the bedside of a patient the experienced physician subconscientiously notes, first, position of a patient, facial expression, whether anxious, listless or besotted; respiration; skin, whether flush or pale. These all tell so much that deduction has begun before going on to further and necessary inquiry as to pulse, temperature and general history of the malady. Previous treatment, if any, of present illness, should be learned. History of the case should include occupation, mode of life and hereditary tendencies or predisposition. Having ascertained these, exercise of the reasoning faculties is indispensable in connection with the knowledge gained by the experience of others or of our own.

Diagnosis has often to deal with the logic of probabilities as much as with the logic of evident facts. Therefore, reflecting and reasoning on what are often but indirect manifestations can furnish the clue to discovery of disorders hidden from view. There are few signs that are pathognomonic, familiarity with the few is essential. Differential diagnosis or the essential signs by which one disease can be discriminated from another is made difficult by the fact that so frequently lesions co-exist, and the patient complains only of the one giving pain or distress. Vigilance and careful observation will, however, insure a good beginning to correct diagnosis. It is well to have a schedule based upon some uniform plan of examination, and adhere to it as closely as possible.

By examining each case, no matter how simple, with as much accuracy and care as if it were a most important one, the habit of accuracy will soon be acquired. It requires a great deal of time to keep written records of cases, yet many claim to have been well repaid for the time.

Gynaecology.

AMENORRHŒA.

BY REBECCA ROGERS GEORGE, M. D., INDIANAPOLIS, INDIANA.

Adolescence, the term applied to that transition period which every human soul must pass before reaching the haven of adult life, is a time fraught with perils to the young of both sexes.

For the pubescent boy, nature seems rarely to depart from the normal in his sexual development, his perils lying largely along the line of normal tendencies and practices.

For the girl, however, who stands on the threshold of puberty there are many possibilites, indeed, probabilities of physical disaster awaiting her along the pathway to adult womanhood.

Whether these numerous and varied departures from the normal among pubescent girls are due to the delicate construction and function of her reproductive system, or whether the chief causes lie along the line of faulty environment during the years of childhood and early puberty are questions worthy of serious medical consideration.

Of the diseases incident to puberty there is perhaps none more possibly disastrous to the future health and well-being of the individual than that of amenorrhœa.

The term amenorrhœa signifies an absence or cessation of the menstrual flow, due to some pathological cause or causes, and may be primary or secondary in character.

In primary amenorrhœa so-called the flow has never occurred, while the other evidences of puberty may or may not be wanting. As a rule, however, the figure remains undeveloped, the physical and psychical evidences of puberty both being lacking, for it is to be remembered that the psychic or mental changes are quite as marked in the pubescent as are the physical.

For lack of intelligent information on this subject many mothers and some physicians give themselves unnecessary anxiety, and the helpless subject unwise medication, if a girl passes her fourteenth year without the appearance of the menstrual flow.

The appearance of this function, however, varies with the individual, and is largely modified by heredity, climate and social envionment.

It occurs earlier in warm countries than in cold, and earlier in city-bred girls than girls reared in rural communities.

In some families in our own country a girl may menstruate as early as the eleventh year, while her next door playmate may not menstruate before the sixteenth or seventeenth year, and yet both girls be in excellent general health. Aside from these two extremes we find the average American girl begins her menstrual life at about the fourteenth year.

When puberty is delayed beyond the fifteenth year the majority of mothers begin to be anxious, fearing the development of consumption or a general decline, not realizing that lack of menstruation may be the result, but not the cause of these serious difficulties.

The medical profession should, therefore, whenever possible, teach the laity that so long as a girl has a good appetite, a good complexion, sleeps well, is free from pelvic discomfort and is alert mentally and physically, there is no cause for alarm and nature should be left undisturbed to work out her problem of development according to individual needs. But when the general health is impaired, when there is a failure of nutrition, strength and energy along with a monthly disturbance of the nervous system and pelvic pain, then must the mother and family physician be on the alert to detect the cause and nature of this disturber of physical peace.

Primary amenorrhœa is usually the result of faulty nutrition, local or general, and as a consequence there is either absence of or imperfect development of uterus or ovaries, or both.

In rare instances the uterus is entirely lacking, or but scantily represented by a small fibrous mass quite unfitted to fulfill its function and incapable of further development.

For this class of cases treatment looking toward the production of a monthly flow is of course quite useless.

Much can be done, however, by increased physical and mental exercise to call the excess of blood away from the pelvic organs and thus relieve the local engorgement and consequent discomforts incident to the lack of flow.

The so-called infantile uterus is, however, quite frequently present in many cases of absent or scanty menses, and this class of cases often prove quite amenable to treatment if the ovaries are approximately normal in functioning power.

On the other hand the uterus may be practically normal in size and condition, but the ovaries be in such an undeveloped state as to preclude the possibility of ovulation with consequent uterine mucous membrane exfoliation and flow.

This stunted and undeveloped condition of ovarian stroma may be due to the early presence of some constitutional disease, such as anæmia or chlorosis, which results in atrophy of the ovaries, or there may have been some congenital defect in ovarian structure sufficient to render impossible the normal changes incident to puberty.

Again it may be possible for normal ovarian and uterine development to have taken place, with every indication of the proper establishment of puberty except the appearance of the monthly flow, its failure to appear being due to an imperforate hymen which renders impossible the monthly discharge of menstrual blood, which may be retained in the vagina from month to month until serious symptoms present themselves.

The presence of such constitutional diseases as anæmia and chlorosis would naturally result in a delayed establishment of puberty, the lack of flow being a conservative effort on the part of nature to horde all of her scanty stock of red blood cells and strength giving albumens until such a time as a surplus could be spared without loss of vitality to the patient.

On the other hand, there are many cases which present themselves to the physician with a history of early good health and normal establishment of the menstrual habit, which continues for a longer or shorter time, after which menstruation appears, but scantily or not at all, for an indefinite period.

With such a history the physician must always be on the alert as to the presence of a possible pregnancy, no matter what the age or the social standing of the girl may be.

Such a possibility excluded, however, it is well to remember that after a long and exhausting illness such as typhoid fever nature is often wisely conservative, and the additional monthly drain may not be permitted for many months.

Change of climate or locality often so alters the physical processes in a maturing girl as to disturb the menstrual habit for a longer or shorter period.

Especially do we find that continued mental application retards ovulation and the menstrual output. It is very common indeed to find college girls who are ardent students skipping three or four months, or who even pass through the entire college year of nine months without menstruating, but in whom menstruation is resumed as soon as they relax from continued effort during vacation time.

Singular it may seem, but few of such cases suffer any serious physical discomfort, neither nervous nutrition nor circulatory systems showing evidence of any great embarrassment. The continued mental activity necessary for the accomplishment of their college duties no doubt so call a surplus of blood to the cerebral vessels as to temporarily deprive the pelvic organs of their quota of blood and nerve supply for the performance of their functions.

The treatment of amenorrhœa must necessarily depend upon its cause in each individual case, and even in curable conditions the patience and ingenuity of the physician is often taxed to the utmost before favorable results are obtained.

All cases that fail to improve after three or four months of indicated medication should be examined carefully and thoroughly, and if the uterus or ovaries are found to be absent or but rudimentary in size all measures looking toward the establishment of a flow should be abandoned.

On the other hand, mental application and physical exercise should be encouraged to the limit that the cerebral and peripheral circulation shall be kept so active as to prevent pelvic engorgement.

Where the flow is absent because of such diseases as anæmia and chlorosis only such measures should be adopted as look toward the building up of the nervous system and blood making apparatus. To this end a most liberal diet of red meats, eggs, milk, fresh fruits and vegetables should be advocated, with an open air life and limited exercise until the heart regains its tone.

In these cases I have noticed rapid and pronounced improvement from the use of such assimilable preparations of iron and manganese as are found in the Solway-Annon preparation known as Sangogen, and in the preparation known as Hæmaboloids, combined or not with Arsenic and Strychnia, as is indicated by the individual case.

Where the uterus and ovaries are normal in structure and undeveloped as regards size, or when we have a secondary amenorrhœa to encounter,

much can be accomplished through pelvic stimulation of different kinds.

To this end the girl's general nutrition should be encouraged in every way possible by nourishing food, plenty of good drinking water, an abundance of sleep, fresh air and exercise, while continued mental application should be discouraged.

In other words, the feebly maturing girl should be taken out of school, or given not more than two easy studies; she should be encouraged in such activities as tennis, golf and wheeling exercises, which induce active pelvic circulation.

If local treatment is demanded, as it often is, nothing in my experience has been so gratifying in its results as the regular use of electricity applied directly to uterus and ovaries.

The surgical dilatation and packing of the so-called infantile uterus is many times helpful, but is not, I believe, as permanent in its effects as frequent electrical dilatation and stimulation incident to the intra-uterine use of negative galvanism, or faradization, if such treatment be continued over a period of several weeks or months.

This method is not painful, does not necessitate sending the patient to a hospital or putting her to bed in her home, does not jeopardize health or life, and is especially indicated in all forms of secondary amenorrhœa.

For a number of years I have used this form of local treatment combined with such constitutional measures as were indicated, and with one exception the results have been so uniformly good as to make me sanguine of success in the great majority of cases.

The efficacy of any line of treatment can only be estimated by the character of the results which follow its use, and the five following cases will give, I believe, a very fair estimate of what can be expected from a line of local stimulation and general building up of the nutritive system which will lead to the proper growth, development and functioning power of all the reproductive organs.

Case I.—Miss Elsie H——, of Greenfield, Ind., age 23; student at State University; came under my care October 26, 1898. History of scanty and infrequent menstruation for several years. But two menstrual periods during previous college year and but one period during following summer.

General health excellent, except for occasional headache and tendency to constipation.

Examination revealed an infantile uterus, in normal position, pale in color and without erosions.

Ovaries small and free from undue sensitiveness.

Began the use of negative intra-uterine galvanism, with positive pad over supra-pelvic region, the negative electrode applied directly to uterine canal and fifteen to twenty milliamperes given for fifteen minutes twice a week. This treatment was continued until the middle of the following March, at which time, the patient having had three regular and free menstrual periods, the case was discharged and two years after reported herself still regular and in good health.

Case II.—Mrs. D——, Shelbyville, Ind., aged 29. Florid complexion and quite corpulent. Married eight years, but had never been pregnant, although she desired children.

Came to me February 4, 1899; gave a history of absolutely perfect health, except scanty and very infrequent menstruation. Had not menstruated for six months when she consulted me.

On examination I found a very small, pale, but otherwise healthy looking uterus. No leucorrhœa, no sensitiveness of uterine mucosa, and no misplacement. Ovaries quite small and non-sensitive.

Here was a case apparently without any symptoms, except lack of flow and increasing corpulency in a woman under thirty years of age.

For ten days she was kept on Sulphur 30x, with a view of developing any latent tendencies, without any effect however; after which I began the use of negative intra-uterine galvanism, with the hope of attracting enough blood to the parts to afford them better nutrition and eventually make them functionally active.

She was under my care for almost five months, treatments not being frequent however, as she received but twelve treatments throughout this time. During the last two months of treatment she received intra-uterine faradization, and throughout the entire time took such remedies as Pulsatilla, Caulophyllum and Graphites.

But at no time was there the slightest indication of a flow.

As her menstruation had been so infrequent for two years before she consulted me and, as almost a year had then passed without flow, I did not urge further treatment, considering the case one of premature menopause, and on July 20, 1899, dismissed her as the one case of secondary amenorrhœa which I had failed to cure.

Case III.—Miss Ethel D——, Middletown, Ind., age twenty-nine; consulted me April 12, 1902, for irregular and insufficient menstruation, with decided dysmenorrhœa when the flow did appear. Had not menstruated for three months and was in the habit of passing over several months at a time without menstruation.

General health excellent, except for irregular attacks of pain in right intercostal region, and rather a profuse leucorrhœa.

On examination I found a pronounced case of infantile uterus, in normal position however, and with a catarrhal condition of the cervical mucosa; ovaries small and left one very sensitive.

This case was also given negative intra-uterine galvanism twice a week, but in connection with the electrical stimulation of the parts I began the use of Sangogen, a five-grain capsule at each meal time for ten days before the date of her proper menstrual period.

In three weeks from the beginning of treatment she had a painless and normally profuse menstrual flow.

Three days after flow ceased treatment was resumed, and her next period came in exactly four weeks. The June period was also on time and quite painless.

Leucorrhœa had also disappeared and intercostal pain better. Patient was dsicharged June 27, 1902, with instruction to continue use of Sangogen cap-

sules for a week previous to each expected flow for at least three months.

Patient came into my office in March, 1903, to report herself as well of all menstrual irregularities or difficulties.

Case IV.—Miss Edna B——, Indianapolis, age twenty-eight; seamstress; consulted me January 5, 1903, for persistent backache and infrequent, painful menstruation; gave a history also of leucorrhœa and habitual constipation.

The girl was thin and decidedly anæmic.

Examination revealed an enlarged retro-flexed uterus, with cervix slightly eroded. Cervical catarrh abundant, ovaries apparently healthy.

Rectal sphincters were very tight. The sphincters were dilated gradually, and after the intra-uterine galvanism the uterus was reposited and retained in position with wool tampons saturated in ichthyol and glycerine.

This patient was given Sangogen capsules three times daily from the first, because of her anæmic condition.

Treatment was continued twice a week until she menstruated the last week in January, and she reported the period as practically free from pain. Treatment resumed the first of February and continued until the flow appeared again the latter part of same month. Patient now showed an all-round improvement in color, appetite and ability to sleep, and was practically free from backache and constipation.

Treatment and medication continued until March 11, when I placed a pessary for the retro-displacement, the uterine engorgement and erosion having entirely disappeared.

The patient will be kept under observation on account of the pessary, and at last accounts was feeling and looking quite well.

Case V.—Miss Clara B——, Indianapolis, age 24; sister of case 4; came to me January 12, 1903, for delayed and scanty menses.

She was also anæmic, but complained of no pain anywhere; general weakness pronounced.

Examination revealed a normal uterus so far as size and position were concerned.

No erosion and no leucorrhœa. Bowels regular.

As the amenorrhœa was due I felt sure, to the general anæmic condition alone, I gave her no treatments, but prescribed the Sangogen as her only remedy, and in four weeks menstruation was resumed.

She continued Sangogen for three months, at which time had a good color and appetite, felt strong and was menstruating regularly.

Transactions of the Homœopathic Medical Society of the State of New York.

For the year 1903.

This is the thirty-eighth volume of the Transactions of this society, and it appears in the usual form under the careful editorship of the secretary, Dr. DeWitt G. Wilcox, of Buffalo. These volumes make valuable additions to our literature.

Psychiatry.

THE GENERAL PRACTITIONER AND THE INSANE.

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It is not expected that the physician in general practice shall have the knowledge of the alienist, but he should have a general knowledge of the ordinary forms of insanity, of their proper early management, and of their probable course and outcome, since the first care of the insane necessarily devolves upon him, and at a time when cases are in their early and most curable stages.

Eleven years of work in a hospital for the insane have led me to believe that the general medical practitioner is more poorly equipped with knowledge of this branch of medicine than of any other. The worst of it is he evidently feels no concern about a lack of such knowledge the same degree of which in other branches would cause him deep chagrin. There lies on my desk now the medical certificate and commitment of a recent patient, which contains this astounding statement made by one and sworn to by both the examining physicians, men in "good standing" in the community in which they practice, men living less than ten miles distant from one of our large State Hospitals, whose wards are accessible to them for study. "She talks of impossible transactions and suffers from any and all unsoundness of mind except idiocy." We usually find that patients suffering from one psychosis present sufficient complications; what may we not expect from this patient who suffers from all psychoses except idiocy? There is surely need of more acurate knowledge of psychiatry among general practitioners, since men so poorly equipped as this are legally "qualified" (?) to pronounce a person insane.

Last year there were 25,000 cases of insanity in the New York State Hospitals, and nearly a thousand cases in sanitariums; besides these, there are at large and cared for at home, many unnumbered insane. With so many cases of insanity in our midst it would hardly seem necessary to urge physicians to acquire a better understanding of psychiatry.

Some recent statistics that I have just seen state that in New England there is one insane person for every 359 of population; in New York and Pennsylvania, one to every 424; in Virginia, Maryland, Kentucky, and Tennessee, one to 610; in Ohio, Indiana, Illinois, and Michigan, the same; in the Middle West, one to 750; in the Southern States, one to 935, and in the Rocky Mountain division, one to 1,263.

Until a comparatively recent period mental medicine was not systematically taught in medical schools. Now men of recognized ability and experience lecture on the subject, and lectures are supplemented by clinics at near-by hospitals for the insane. Moreover, students of medicine and practicing physicians are allowed opportunities for clinical study, under suitable restrictions, on the wards of our State Hospitals.

Every physician in general practice should take enough interest in mental medicine to provide him-

self with and carefully examine at least one good text book on the subject. The old authorities, Clouston, Maudsley, Greisinger, Spitzka, etc., represent psychiatry as it stood up to fifteen or twenty years ago. Berkeley, Brower & Bannister, Bevan, Lewis and Church & Peterson are more modern works of acknowledged merit, and are works that those especially interested in these subjects consider part of their equipment. All of these authors still cling to the old classifications, so that it may be well to mention in addition a book that represents the views of one of our most notable modern psychiatrists, Kraepelin. Rapid strides have been made in psychiatry in the last decade, and the researches and writings of men like Wernicke and Kraepelin are becoming more and more influential in the United States. Kraepelin's classification is meeting with increased favor in our State Hospitals as approaching more nearly the descriptions of things as they are instead of as they are described in the older works on insanity. Defendorf's "Clinical Psychiatry" represents Kraepelin's views sufficiently for the needs of the general practitioner; indeed, it has to suffice for the student of psychiatry who has not a working knowledge of the German language. With this little book of Defendorf's the busy physician can familiarize himself with the various forms of mental disease, and can form an intelligent opinion as to the course and outcome of the cases that come under his observation, and if he will supplement his reading by visits to our State Hospitals, I think I can safely say that the physicians in those institutions will be only too glad to give him the benefit of abundant clinical material. A valuable interchange could thus be effected; hospital physicians could learn much of the etiology and onset of insanity, and the general practitioner much of the course and termination of cases after they have passed beyond his care.

No one is in so good a position as the family physician to detect the inception of insanity, and to arrest its development by prompt and judicious preventive measures. Indifference on his part, however, makes him slow to recognize the premonitory symptoms, and consequently incapable of rendering this timely aid.

Acknowledging, then, the need both for a wider diffusion of knowledge concerning insanity, and of what constitutes its proper management in its early stages, what other duties in regard to the insane devolve upon the physician in general practice?

He should become conversant with the insanity laws of the State in which he lives. Then, as soon as eligible (in most States after three years' general practice), he should register as an examiner in lunacy. The laity, and even many physicians, seem to think that eligibility as an examiner in lunacy requires some special knowledge of insanity. Unfortunately it does not, as commitment papers abundantly testify, although in the three years pending one's eligibility, by study and by the observation of patients in State Hospitals, physicians might, if they would, become excellently qualified to certify to the insanity of the cases which come to their notice.

It is unpardonable for the family physician to neglect to register his qualifications as an examiner in lunacy. It is to him that the friends naturally turn for advice and aid when the outbreak of insanity makes it necessary to remove the patient from home. If he is unprepared at this juncture to be one of the committing physicians the friends feel a sense of disappointment. They would far rather give to their own physician the points in family history, they would rather be the one to witness the distressing changes in the afflicted one than to have to call in a stranger. The physician who by his own negligence allows himself to be caught unprepared deserves the humiliation he must of necessity feel in realizing that he is a broken reed—no enviable realization for a conscientious physician. Furthermore, he loses the examining fee that goes to the more enterprising man who is called in to examine the case, and it frequently happens that he loses the family also. The friends are apt to argue that since the other physician is an examiner in lunacy he is, therefore, better fitted to administer to the family now that it is afflicted with insanity, when, as a matter of fact, the other man may not be even so well informed on these subjects as is the family physician, but was simply ready for the emergency.

Let us next consider some of the things to be remembered by the examining physician. The commitment papers should bear indisputable evidences of insanity. Judges who sign commitments are more exacting than formerly, still it sometimes happens that patients, unmistakably insane, are sent to hospitals with certificates which show no evidence of the fact, the things mentioned being wholly compatible with sanity. Suppose the certificate states that a patient treats her husband with disdain, or that she fears that his business reverses will bring his family to want, or that she sits with downcast eyes and broods over the past—these are not proofs of insanity. The paper must show the conduct of the patient to be unreasonable, the result of morbid fears and false beliefs which she entertains in spite of logical proofs to the contrary. Otherwise we may properly question whether the husband doesn't deserve her disdain (some husbands do), whether her fears about financial affairs are unfounded, and whether or not she has reason for deploring her present condition. There must, then, be explicit statements to show that her delusions are insane delusions, her hallucinations insane hallucinations, and that her general mode of thinking and acting are so at variance with her normal state as to justify the examining physicians in pronouncing her insane.

Permit me to set forth a few "don'ts" based upon errors frequently made by examining physicians:

Don't call every form of mental aberration "dementia."

Don't use the term "softening of the brain." It is misleading. In most cases senile dementia is probably meant, although pathologically considered, the term applies equally as well to other organic conditions.

Don't use as synonymous the words hallucination and delusion. If not clear as to the meaning of these terms consult a text book on insanity before using them.

Don't confound paresis and paranoia. The first syllables of both words are spelled the same, but the similarity practically ends there.

Don't mistake a case of simple dotage for senile dementia, nor one of hysterical outbreaks for insanity.

Don't mistake the delirium due to alcoholism, or to febrile disease, for that of the manic phase of manic-depressive insanity. It is a grave thing to adjudge one insane; although in need of supervision and restriction, it does not necessarily follow that he requires the care of a hospital for the insane.

Don't fail to remember the possibility of a person feigning insanity, and also the probability of others attempting to conceal it. Especially is the latter probable in cases of paranoia, and also in those patients who have had previous attacks of insanity.

Deal Frankly with the Insane.

After a person has been adjudged insane, frankness in dealing with him should be observed. For years hospital physicians have tried to persuade the public to adopt this course, yet there frequently occur instances where deception has been practiced on patients. It is the duty of the general practitioner to combat this tendency on every occasion, yet too often we find him confessing the ruses which he has adopted to cheat and deceive the patient. If physicians resort to such unprincipled means in order to get patients away from home and into our hospitals, what can we expect from the laity? Be honest with the insane, if for no other reason than that "honesty is the best policy." Patients brought to a hospital for the insane after having been told that they were being taken to a hotel, a boarding house, or a general hospital, are, at the start, handicapped by a distrust of their new surroundings, and of those who are to minister to them. Deceived and betrayed by friends, what can they hope from strangers? It is far better to remove patients under protest or even by force, than to take them under false pretense. If difficulty is anticipated when the patient learns that he is to be sent away, it is well to apply to the hospital for a nurse to accompany him. The nurse who is accustomed to deal with such cases, after gaining the patient's confidence, can often communicate the news of the intended removal with less disturbance than would be shown if the patient were to learn it from his friends.

The examining physician should furnish the hospital with a family and personal history of his patient, and with a full statement of the contributing causes, the early sypmtoms, and the mode of development of the mental disease. Better still, as sometimes happens, if he will accompany the patient to the hospital. In so doing he contributes at the outset necessary information otherwise imperfectly extracted from excited and sorrowing relatives, who are worn with care and distracted by grief. A false sense of disgrace, too, frequently leads relatives to conceal or to deny facts necessary to a proper understanding of the case. To add to these disadvantages the friends usually wish to catch the next train. Further information is limited to what the patient can furnish, and to what we can obtain by observation. It will thus be seen what valuable assistance the examining physicians can render if they will accompany their certificates by a generous statement covering the points outlined above, provided they do not find it feasible to accompany the patient to the hospital.

Next to a proper commitment of the patient, the physician needs to be prepared to advise as to the best place to send a given case. To this end he must know the location, requirements for admission and cost of care at the public and private institutions in the State in which the patient resides.

Most of your patients' friends presumably wish homœopathic treatment for the case, requirements for admission to the nearest homœopathic hospital are, therefore, practicaly what you need to acquaint yourselves with. If, however, the patient is suffering from an incurable form of insanity, medical treatment is of little moment; you can better serve the future interests of the family by seeking admission to the nearest hospital, regardless of the school of medicine, thereby lessening the expenses for transportation of the patient, and also for the future visits of the friends.

A Knowlege of Institutions.

The various penal and reformatory institutions, the homes for inebriates, for the feeble-minded, and for epileptics, should be known to the general practitioner, that he may wisely discriminate where the various unfortunates shall be sent. The scope of institutions varies greatly; injustice may be done a patient by sending him to one place if another is better suited to his needs. A feeble-minded child put in the wards of a State Hospital is likely to acquire, through its imitative faculty, many of the mental and physical habits of the chronic insane, whereas, placing it in an environment planned to educate and support its feeble but educable mind, might change the whole course of its life.

State Hospitals are for the care of persons in moderate circumstances and for people with no means at all. Under the humane management of modern State Hospitals, patients are comfortably housed, and furnished with things necessary for their care, whether they are private or public patients. There can, however, be no question but that the many excellent private institutions can meet individual needs and supply luxuries not afforded by State care. As a rule, persons able and willing to pay for such advantages and luxuries should be recommended to sanitariums, provided one is selected in which the physician in charge is a competent and conscientious person.

There is another thing to be considered, the greater privacy of a private institution, and the importance of this fact on the future welfare of the individual. Patients who have been insane are naturally sensitive about it. Some never cease to feel resentment toward their relatives for placing them in a public institution, and the strength of this feeling is usually pronounced in the proportion that the patient has needed such care. Notwithstanding that insanity is a disease instead of a disgrace, a certain stigma brands the person once insane, so that measures taken to prevent the curious public from knowing of his affliction are not only justifiable, but even praiseworthy. A sanitarium is better fitted to maintain this desirable privacy than are the large hospitals; serious business losses and permanent loss of position are frequently avoided by this procedure.

There is, however, one thing in this connection not to be overlooked when balancing the advantages of State Hospital and sanitarium care, namely, the fact that State Hospitals are under the management of physicians who have had exceptional advantages for acquiring knowledge of the insane, while in some sanitariums a mere tyro is at the head. Do not send your patients to a private sanitarium unless convinced that the physician in charge has had the necessary experience to treat the case properly. Also make sure that he is conscientious enough to effect a materialization of the many advantages promisesd in his prospectus.

Home or Hospital.

Not every insane person needs to go to a hospital or to a sanitarium. Some cases are unquestionably better cared for at home, and this is where the discrimination of the family physician comes into play. Insane patients who are so reduced physically that removal would be dangerous to life, or whose death is soon to be expected, should be kept at home. It is unfair to hospitals to increase their death rates by the addition of moribund patients, for whose deaths they are in no way responsible, to say nothing of the cruelty of sending a patient from his home to die in an insane hospital.

As a rule, insanity developing in elderly persons takes the form of senile dementia, though cases of marked depression and of exaltation are also observed. Patients in the seventies do not have general paresis, although instances are known where a physician in general practice has glibly stated that his patient, seventy-two years of age, is suffering from paresis. The age alone precludes that diagnosis and points presumably to senile dementia.

Patients with senile dementia are very trying to care for at home. There is a growing tendency to shift the care of them upon the State Hospitals. Physicians should encourage relatives to practice forbearance to a considerable degree rather than to send the aged person to spend his last days in a hospital for the insane. Compassion and tolerance are often engendered in the young by having in their midst an aged grandparent with senile dementia; a salutary influence on the character, therefore, results On the other hand, if the patient is indecent in manner and conversation, if he is likely to set fire to property or to do himself or others bodily harm, or if he is such a thorn in the flesh that his presence causes dissension and wrangling in the household, removal to a hospital may properly be recommended.

Cases of simple depression do not always require hospital care, although they do need supervision to guard against suicide. Some change of environment, however slight, is usually needed to counteract these morbid conditions; a visit to a congenial friend, a journey to some place of interest, anything to crowd out the old train of thought by substituting things new and engrossing. A week's bicycle trip offers exceptional advantages for dispelling enveloping gloom. If taken with a congenial companion, the very uncertainties of wind and weather, combined with vigorous exercise and with the stimulation afforded by new scenes, work surprising results. A steadily developing case of melancholia yielded to a profound impression made on beholding Niagara Falls. Speaking of it later the recovered patient said: "I was self-absorbed and apathetic when I went there, unable to get up an interest in anything outside my own gloomy thoughts. But the sight of all that rush of water, the sudden overwhelming realization of its power, stirred me to the depths. I felt something awaken within me, the stirrings of hope, the desire, though feeble, to engage again in customary activities."

The family physician, knowing the circumstances and needs of his patient, and having a sympathetic appreciation of the case, should be able to devise substitutes for the old habits of life and thought.

He will have failed in his duty if he limit his help to the customary advice: "Stop brooding." "Cheer up." "Get out of yourself," et cetera. When a person has reached the stage where this advise is necessary, he has also reached the stage where self-help is well-nigh impossible. He needs active assistance, not platitudes. He needs new interests created for him. Do not expect him in his apathetic state to create them for himself, Look below the surface of things, find the cause of his despondency, if you can; remove it if possible; put your own shoulder to the wheel and help him out of the ruts.

If despondency is very marked, suicidal impulses are liable to develop rapidly, often with little warning. For this reason it is wise to place such patients in a hospital or a sanitarium where organized supervision will prevent self-injury. Vigilance unknown to a patient may, in an institution, be exercised effectually, whereas a much smaller degree of vigilance in his accustomed surroundings would be quickly detected, and felt to be irksome, even maddening. The chances for recovery are far better when these patients are removed from home early in the development of the psychosis. Isolation both from relatives and from the scenes where the disease began to develop is one of the chief benefits derived from hospital or sanitarium care.

Other curative measures are, enforced rest or exercise, according to the individual case; regular and abundant nourishment, the substitution of order and discipline for disorder and irregularity, and the administration of remedies suited to the case. These measures exert a beneficial effect upon one who is fast losing the power to direct his own life, yet who resents interference on the part of relatives.

There is a tendency on the part of many to humor patients suffering from mental aberration. They think the easiest way is the best way, and they yield to the most whimsical and even injudicious demands. One little woman at the inception of insanity can exercise a surprising amount of tyranny over a household. A case in mind, after two days' tyranny of this kind, said, on hearing of the expected arrival of a relative who was familiar with such cases: "Well, I've got to behave myself now if G. is coming." Forthwith she exerted a self-control in sharp contrast to her previous capriciousness. She even gave directions as to the speediest way to remove traces of the disorder occasioned by her mad whims. Her comments on this episode were significant: "Well, they made me act so. They did everything I suggested, as fast as it popped into my head. I knew they were afraid of me because I was crazy,

and I thought I might as well give them something to be afraid of. I laughed to myself to see how they all toed the mark. It is difficult for persons unaccustomed to dealing with the insane to realize that patients capable of exerting this amount of reasoning and method are insane, they forget the proverbial method in madness that is so common a feature of some forms of insanity.

Cases of puerperal mania, and, in fact, most cases with maniacal symptoms, should be sent to a hospital in the very begining. Friends, startled by the suddenness of the attack, are likely to wish to try the effects of treatment at home. Periods of abatement of the maniacal symptoms encourage them in this course. Narcotics are used to induce sleep, but the case meanwhile progresses to the point where commitment is unavoidable. If the patient is kept at home until he becomes boisterous, vituperative, destructive and blasphemous, the friends are distressed at witnessing unnecessarily these shocking manifestations so at variance with the accustomed behaviour. Moreover, removal at this stage is only effected with difficulty.

General paretics, as a rule, should be placed in an institution as soon as the disease is recognized. This being an incurable disease, the early admission to a hospital can make but little difference except to prolong life by conserving the physical strength, and to prevent the excesses common to the inception of paresis. The paretic's unnatural sense of well-being and his delusions of self-importance, of wealth and of power, give rise to innumerable impracticable schemes which may involve him in serious business complications before his diseased condition is suspected. Grave social wrongs also result if his unbridled desires are allowed full swing.

Paranoia is another form of insanity offering little hope of cure, yet there is no class of patients so much in need of the restrictions of an institution as these same patients whose insanity is least apparent to a casual observer. A paranoiac is frequently able to present his case so that he excites the suspicion of the listener against those he accuses, rather than against himself. You listen to him and begin to feel that he is a much abused being with a grievance which has perhaps made him hypersensitive, and possibly somewhat intemperate in his statements, but you are more than half inclined to take up the cudgel in his defence. The amount of harm that a paranoiac at large may do is incalculable. He may feel himself divinely appointed to take the life of some one, and the deed be done before those in daily communication with him have suspected that he is insane.

The various psychoses mentioned, and others not mentioned, are not always easily diagnosed by physicians who have made a specialty of psychiatry, and let me say right here that it is by no means important that the examining physicians actually diagnose the case; certainly no diagnosis is required of them on the medical certificates, but it is important that they give liberal information as to what the patient does and says and thinks that proves him to be insane. Such information is valuable coming from the family physician; the burden of naming the particular psychosis very properly rests on the hospital physicians in whose care the patient is placed.

In conclusion, then, I submit that it is the duty of the general practitioner so to inform himself concerning mental medicine that he shall be able early to recognize the premonitory signs of insanity; to guard against its further development if possible by timely aid; to advise intelligently as to the outcome of cases in his care; to attend to the commitment of the case when commitment is necessary; to assist the hospital physicians by furnishing accurate family and personal histories; to reform public opinion in regard to insanity itself, and to dispel erroneous opinions concerning institutions for the insane.

Obstetrics.

OUT OF A TIGHT PLACE.

BY KATHERINE KURT, M. D., AKRON, O.

The editor of the Medical Century asks for an article to be published in a number given to contributions from women physicians.

A few days ago while in conversation with a man representing an homœopathic pharmacy, who called to secure an order, he exhibited samples of proprietary medicines. When asked why he carries such he replied there is demand for them among the Homœopaths.

In the territory assigned you, what part buy of these compounds?

"Not all, but a large proportion," he replied. And how about the women you call on, do they use these also? "I must say, as a rule, they buy only pure homœopathic preparations."

Scepticism in regard to the power of the homœopathic medicine manifests itself so often that what I have to relate will not be believed by that "large proportion" who satisfy themselves with compounds never proven.

To the women and those men who study the law of similars and rely upon it my experience in getting out of a tight place may prove instructive, especially so to those who can not hold in memory the leading symptoms of a remedy but must study and restudy them.

The case was obstetrical. A primipara, about 25 years old, short in stature, well nourished, inclined to be fleshy, a housekeeper with enough work for normal exercise.

One Sunday forenoon last June she sent word, having previously made an engagement, that labor was probably at hand. A visit revealed the membranes suffused, the amniotic fluid escaping slowly and in small quantity, with no other symptom of labor.

Sunday night pains set in at infrequent intervals, sufficient to break sleep. Monday morning labor was begun promising to be slow, as she was in the same state as on the first visit, a little more dilated, soft and ready for labor.

The pains kept up through the day, increasing somewhat in frequency and strength, and dilatation in proportion. Toward Tuesday morning there were infrequent efforts at expulsive pains. Ap-

parently every part was ready for a culmination, but the uterus seemed inert, incapable of going to work to expel its contents.

By the assurance of motion frequently felt the life of the infant was assured. The woman's strength was good.

Previous to Monday afternoon no medicine was given, there being no symptoms except slowness, which nature would correct in time if not meddled with.

Monday night she began to speak of pain in the lower part of the back, especially during a pain.

The previous afternoon and through Tuesday she was given Pulsatilla, Gelsemium, Kali phosphoricum, Hyoscyamus, Caulophyllum, all with the expectation of regulating the pains.

Expulsive pains set in early Tuesday morning, somewhat irregular, but they were futile, the woman going through the act, but they were of no good, the uterus and muscles failing in contraction and expulsive power.

With each effort came the hurting in the lower back causing her to exclaim, "O, my back! My back hurts!" Rubbing and pressure with the hand gave relief.

This state continued with little change until Tuesday afternoon, when it became wearisome to all concerned. I felt sure some simple measures could be found to set in right pains without resorting to chloroform and forceps, and thereby adding another to that great list of women "who have such hard times, the doctor had to use instruments."

Finally, I thought of Causticum and Quinine, neither of which were in my case. I went home to get them, being absent about an hour. On returning conditions were the same as on leaving.

Seating myself at the table near by I put two drops of Causticum, 100th centesimal potency, on about two grains of sugar of milk and put it on the the woman's tongue dry. Then going to an adjoining room I explained to the husband that if the medicine now given or another failed to induce right pains it would become necessary to give chloroform and make use of instruments to complete delivery.

While talking to him, not more than fifteen minutes after giving Causticum, the nurse came, saying, "She has had a better pain." From that time on the pains were forceful, expulsive; groans and exclamations about the back aching ceased, and in about an hour or over a well developed, live male child was born, weighing eight pounds. The placenta followed without hindrance. The breasts became congested from milk, relieved by Phytolacca. Later on a superficial abscess formed on the left breast near the nipple. It was lanced, discharged freely and healed. No other complication followed.

The one symptom that led me to give Causticum in preference to Quinine was the backache. Had I had the knowledge of Causticum symptoms on pregnancy which any one may learn in the Materia Medica, I would have recognized in addition to (1) the pain in the back; (2) pains ending to no purpose; (3) the parturient channel ready for delivery.

The single dose of the remedy similar in symptom to those of the woman proved an effective weapon against chloroform and forceps.

In Hering's condensed Materia Medica, page 294, under Causticum are found these symptoms: Labor pains insufficient, irregular; os dilated, but patient has become tired and fretful.

Would that greater capacity were given us to hold in mind knowledge of the homœopathic Materia Medica.

Homoeopathics.

HOMŒOPATHY AND MODERN SCIENCE.

BY ANNA D. VARNER, M. D., WILKINSBURG, PA.

During the last half century science has made gigantic strides. The progress in the knowledge of electricity and its application in the commercial and business world, has, indeed, been wonderful. But by far the most interesting to us are its recent developments as a therapeutic agent. No single discovery in medicine during the last decade has aroused so much interest alike in laity and profession as the X-ray. No other factor has promised so much.

In 1858 Geissler made the first vacuum tubes, but the vacuum was low, and the electrical discharge through them produced but a faint light or delicate glow. In 1875 Crookes experimented with tubes of much higher vacuum, and discovered new phenomena, but failed to recognize the X-rays.

In 1895 Prof. Roentgen, of Wurzburg, discovered that paper covered with barium platino-cyanid became fluorescent when near a Crookes tube. This fluorescence was caused by a radiation emanating from the point of contact of the cathode rays against the glass wall of vacuum tube.

He observed that the radiations were rectilinear, could not be refracted, were not deflected by a magnet, did not produce the sensation of light, and passed through various materials, opaque, to ordinary light.

With photographic plates wrapped in black paper he took pictures of metal articles in a wooden box, and of the bones in the human hand.

This discovery was immediately made known to the medical profession, and heralded all over the world as being of inestimable value in diagnosing fractures and locating foreign bodies in the tissues. It became possible to outline the heart, to locate solidified portions of the lungs, and to diagnose solid growths. Its therapeutic value was not recognized until several years later. At present it is used extensively in the treatment of cancer, lupus, eczema, indolent ulcers, psoriasis, acne vulgaris and various other diseases of the skin. It has been tried in phthisis pulmonalis but the results are doubtful. Many cases of epithelioma and lupus have been cured by this treatment. Cases of deep-seated inoperable cancer have been relieved, but the consensus of opinion is that when the cancer is deep-seated and operable it should be removed and the location rayed to prevent return.

It was claimed at first that the X-rays were germicidal in action, and the cure of many forms of chronic germ diseases were attributed to this effect. But tests have been made by exposing cultures of the different kinds of bacteria for hours at a time

to the X-ray light with negative results. So it seems that germs outside the living body can live and thrive after hours of exposure, while those concerned with some diseased condition within the body are eradicated.

This strange contradistinction has been explained in the following manner: The terminals of the positive and negative poles from an induction coil or static machine project into a glass tube from which the air has been exhausted to a light degree of vacuum.

When the current has been turned on and the electrical discharge meets the resistance of that vacuum, instead of passing through it as a spark, it is broken up into a highly attenuated form, the units of which radiate from the point of impact in a straight line. As they cannot be refracted they enter the diseased tissues, and cause an activity in the cells which increases their natural resistance to morbid processes. The germs finding too much force resisting them either die or depart from the field of action.

Following close upon the discovery of the X-ray comes the even more wonderful knowledge that certain rare metals or elements possess radio-activity. In 1896 Becquerel discovered radiations emanating from uranium, and two years later, Prof. and Mme. Curie found that some samples of pitchblende had the same properties in a greater degree. From pitchblende they isolated two substances, polonium and radium, both of which possess a high degree of radio-activity.

Since scientists have investigated the phenomena of radium the atomic theory has been discarded. The atom is no longer considered the unit of matter, but each atom consists of very much smaller units, each unit in constant motion within the orbit of the action. These units are called ions. They tell us that each atom of the same substance consists of the same number of ions, but different substances different numbers of ions.

For instance, an oxygen atom has 11.200 ions, a gold atom 137.200, while radium has 120.000 ions per atom. These ions or units in an atom of radium are in such a constant state of intense activity as to separate from each other and "escape into the ether as meteors leave the solar system," from whence we get the term radio-activity.

Uranium is taken as the standard of radio-activity, and when we speak of polonium as 300 radio-activity and radium as 7,000 radio-activity we mean that their radiation are so many times more powerful than those emanating from uranium. Prof. Lodge is of the opinion that this disintegration of atoms is a natural process in all substances, but in some the atoms are so staple we are not able to discern the disintegration, while in radium and similar elements it is so rapid that it can be observed.

Traces of radium are found in uranite dust, from which it is extracted by a series of tedious chemical processes. It required two years of the Curies and their workmen to separate the radium from eight tons of ore, and then their reward was only one-third of an ounce of pure chloride of radium. No wonder it is valued at six hundred dollars per gram. It looks like ordinary table salt and gives off both light and heat.

Notwithstanding its continued radio-activity the ions thrown off are so infinitesimal small as to effect no appreciable change in the weight of the substance, amounting only to an ounce to a ton in a thousand years.

The radiations of radium, like the X-rays, have the power of penetrating solids, and the therapeutic effects are very much the same, excepting perhaps that radium promises more in diseases of the eye.

My partciular purpose in writing this paper is to call attention to the comparison between natural law, the latest developments in science and Homœopathy.

You will notice first that both the X-ray and radium after prolonged application cause destruction of tissue. Also, that the particular class of diseases to which they are applicable are characterized by destruction of tissue.

Whether they act according to the law of similars I am not prepared to say. Nevertheless it is a significant fact that they both cause and cure destruction of tissue.

When Hahnemann after years of painstaking labor announced to the medical profession his method of prescribing according to the law of similars he did not claim to have discovered a new law in nature.

Already authorities in physics had announced that two rays of light of equal intensity coming together from opposite directions would produce darkness; that two tones of equal vibration coming together from opposite directions would produce silence; that two clouds charged negatively with electricity coming together would produce a positive charge. Samuel Hahnemann discovered the application of this law to therapeutics. He reached his conclusions by the inductive method rather than by the deductive. Discovering almost accidentally that Cinchona used to cure chills and fever, also caused chills and fever, he toiled year after year proving drugs on healthy people and applying them to diseased conditions until he had formulated his general law of similia similibus curantur.

He also observed that small doses had a better effect than large ones. In experimenting to find out just how small a dose he could give, and yet effect a cure, he originated the method of attenuating drugs by succussion or trituration. To his surprise he found that a highly attenuated drug cured much more rapidly and surely than one of low potency.

For promulgating such theories Hahnemann was ridiculed and persecuted by the profession, while his followers today are oftentimes treated as quacks with visionary ideas.

But now what do we perceive? Scientists of a high order, bending all their energies to fathom the mysteries of the infinitesimal. Telling us that the basis of all life is in invisible points of protoplasm, that these tiny specks have the power of motion, propagation, division, nutrition, growth and absorption.

Moreover they tell us that in the inorganic world the atom is not the smallest thing. It is the ions

within the atom. And the state of the activity of these ions constitute force in matter.

They assert that a human body in the same room with a teaspoonful of an innocent looking salt called radium would be destroyed by the bombardment of infinitesimal units emanating therefrom.

They propose to expose water to this radio-activity and administer it for internal cancer.

More inconceivable than the c. m. potency of Homœopathy.

If we believe one we must accept the other as being just as true, just as scientific.

But some one may say, we know radium has these properties because of the effects which it produces. So also in Homœopathy. It is not by the taste or smell of the drug that we judge of its efficacy, but by the results obtained therefrom, and those who have conscientiously tried it will always have faith in it.

The Homœopath who turns from the attenuated remedy to the crude drug sells his birthright for a mess of pottage.

This is the day of small things, and the end is not yet.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

BY ADA S. BARTLETT, JAMAICA PLAIN, MASS.

It is not given to every youth to receive a direct and impassioned call to some particular line of work in life, to find the early guide boards pointing always to one clear goal, to feel the current of events set ever in the same unalterable direction. For such as he there remains no hesitancy or doubt as to his career; he simply enters upon the prepared way and the greater or less degree of success attending him in after life is never complicated by retrospective might-have-beens But for the average youth there exists the responsibility of a choice, and in the case of the student of medicine a second and not less important choice, to be decided with such wisdom as may be vouchsafed to him and to his advisers and sponsors.

Determining Factors.

The several systems of medicine, each entrenched in an honorable position and all worthy of investigation, present to the student certain fundamental knowledge which is a common basis and which must be acquired by all, irrespective of schools or tenets. The collateral branches of the science of medicine, anatomy, chemistry, physiology, bacteriology and microscopy are unaffected by the various dogmas which constitute chiefly the distinctive features of the different schools.

The motives which determine the choice of a particular medical system are often complex and far-reaching; they involve individual, family, social and business questions, ease of acquirement and desire for gain, but all these are dwarfed and over-topped by the one supreme motive which should actuate every student, the desire to cure the sick. What method will best enable him to restore the sick to health, relieve suffering, prolong life and measurably add to the well being of humanity. This is the question which should compel serious thought and honest investigation.

Claims of Homœopathy.

In presenting the claims of Homœopathy as the safest, surest and most natural mode of cure we do so with the intent to find wherein lies its superior advantage to both physician and patient and to what particularity of treatment its undeniable success is due.

Homœopathy is not a novelty, nor does it need at this time any defence. It was discovered more than one hundred years ago by an eminent physician named Samuel Hahnemann, and was published in the leading medical journals of Europe. It was the revelation of a principle, a general fact, as exquisitely governed by perfect laws as any other of the wonderful facts of nature, and worthy to stand as an important discovery with Newton's law of gravity or Harvey's circulation of the blood. This law, which is the basis, the corner-stone of Homœopathy, is briefly, but clearly, expressed in the well known phrase similia similibus curentur. The very simplicity of the rules that govern its use puts it at once on a high plane as a wise and rational measure, and its intelligibility appeals to the student who has looked closely into the secrets of nature and found the same simple and direct forces everywhere in control.

Colleges and Literature.

To one who has watched the effects of this system, which is not only harmonious in theory, but trustworthy and conspicuously successful in applied practice, there appears to be an abundance of reasons why students of medicine should select the homœopathic school. In the first place the splendid opportunities afforded by the numerous homœopathic colleges throughout the country and the increasing number of chairs in universities, not traditionally homœopathic in sentiment, make the acquisition of this mode of medical practice available to students from every locality.

These institutions are very thoroughly equipped in every department and are teaching all that modern medicine offers, as well as the curative art so exclusively belonging to Homœopathy. The fundamental branches and all that pertains to a comprehensive knowledge of diseases are taught with a recognition of ultimate practical benefit in the relief of the patient. It was in the homœopathic colleges that a three-years' graded course was first demanded, and here also that a four-years' course was first inaugurated. In matters of educational reform they have always been in the van.

The literature of Homœopathy is extensive and able. The whole domain of medicine has been covered by writers who practice and teach the law of similars. Thirty-two journals are devoted to the advocacy of this system, and many societies, both State and national, bind the interests of thousands of believers all over the country.

Most Enlightened Treatment.

All thoughtful and ambitious students must earnestly wish to equip themselves in the most thorough and enlightened manner for their work as physicians. To do this they should make their own a system of medicine which has again and again triumphed over the old method of drug distribution, and proved itself an ally of nature, an agent of

healing both gentle and effective. It is no mere perfervid panegyric to claim that in the medical world the manifestation of Homœopathy "has turned night into day, chaos into order, doubt into confidence, a random shot into a careful aim, a hazardous experiment into a precise and intelligent proceeding." Such is Homœopathy in its present form. Born in the darkest hour of the history of the ancient art of medicine, when practices abhorrent and irrational were rife in the profession, and when two thousand years of empiricism had failed to dignify it as a science, the apostle of the new creed, and his teachings, met with the same harsh judgment and unrelenting persecution which has ever been accorded the discoverers of a new truth. But the note of reform had sounded, and the natural, wise and beneficent system which Hahnemann stood for made its way slowly, but surely, its reasonableness, its efficacy, its freedom from the severities of the old treatment, commending it to all minds unfettered by prejudice or ignorance. Today Homœopathy stands acknowledged a great and powerful school of medicine with twenty colleges, three hundred and forty hospitals, dispensaries and sanitariums under its control, having properties and endowments aggregating several millions of dollars and over fifteen thousand physicians devoted to its principles and practicing its sane and wholesome methods. Its vital principle, the law of similars, is no longer looked at askance with scorn and doubt, but is recognized as a wonderful truth, and as such tacitly acknowledged by the whole medical world.

Advantages to the Physician.

Students of medicine should select the homœopathic school, because its law of cure is a practical and a reliable guide which leads to success now as in the past. From the very first promulgation of this truth by Hahnemann it has shown itself possessed of a power to cure the sick, and, when brought into direct competition with the then dominant allopathic system through a series of experiments, never failed to demonstrate its superior possibilities.

Success is the best advocacy of every new system, and it has been the grand prop to Homœopathy—success at the bedside, success in the discovery of new specifics and in the law which governs their universal application. Success in winning the confidence of the community, an item by the way of vast importance to the young physician and one which should hold him true to the three essential practices of the philosophy of Homœopathy—the minimum dose, the single remedy, and the administration by the rule of similarity. It is this triumvirate of agencies, adhered to with the strictest fidelity, which has won devotees from every side and established a profound belief in the safety and accuracy of the system.

And why should not thousands of laymen as they have done come to Homœopathy and embrace its gentle ministrations with glad and thankful hearts? Do they not know that its influence has always been humanizing and its effects reformatory? Was it not the illustrious founder, who removed the shackles of the insane and secured to them hospital instead of prison treatment?

It is a matter of record that Hahnemann's deep love for humanity was the mainspring that furthered his discoveries and animated his researches. To mitigate some of the horrors that were perpetrated in the name of medicine upon the sick—the bleeding, blistering, purging, cauterization and the black draught—and to substitute a mode of healing that would work along the line of nature, economize the vital powers, act upon the diseased organ alone and bring about a speedy and effectual cure.

His aim was to attack the disease as individualized in the patient rather than disease in its essence, and the homœopathic physician of today may be trusted to take the same intelligent course.

Success With Children.

Witness the success of this system with children. Every parent who has experienced the immense relief of administering the agreeable medicaments of Homœopathy to a willing and tractable patient, in the place of battling with a sick child to insure its taking the nauseous doses of the older school, must become at once and forever a convert and a friend. In view of the fact that childhood is the most critical period of life, when diseases are most severe and the mortality far in excess of any other time, it should surely strengthen the physician's armor to know that his skill in this field is admitted and beyond dispute.

A signal example of the efficiency of homœopathic treatment with children was recently observed in a small boarding school where very young children were assembled for purposes of special training. In some way the dread germs of scarlet fever invaded the school and very promptly two-thirds of the little folk hung out the red flag of danger.

The physician in charge, a young and cheerful disciple of Hahnemann, showed from the first eruptive stage a sureness in his treatment that kept the disease in abeyance and seemed to say to the enemy —thus far shalt thou go and no farther. As a result the children proved a very lively lot of patients, developed none of the alarming conditions that make this sickness dreaded in every household, were only mildly ill and in far less time than the usual period of time commonly apportioned to the progress of scarlet fever, recovered, and that free from any of the evil sequelæ so frequently the legacy of this disease.

A Steadfast Law.

It cannot fail to be a tower of strength to the young physician—and one which every student in choosing his school should recognize—to know that the principle on which he selects his remedies for a given case today has held unvaryingly true for one hundred years. Ever since Hahnemann first mastered the law and elaborated it for the benefit of all mankind it has held immutable, because it is grounded in an essential root of nature.

What other school of medicine in this decade is administering the same specifics for any diseases that it did fifty years ago? Have there not been most radical changes, and numbers of them from time to time; all in the nature of experiments, each one leading a little closer as they met with greater success to the steadfast law that governs Homœopathy?

It is better to stand on a rock than on shifting sand; your faith will give you confidence and the knowledge that you possess a key to the relation of the drug and the disease will fortify your courage, even in the face of a malignant and pestilential scourge.

Advantages to the Patient.

Homœopathy works along eminently practical lines. It does not tear down in order to afterward build up, nor does it raze in order to save. Acting in harmony with nature's best laws the patient's strength is conserved, his forces are not battled down; he is given a chance. To the single remedy and the minimum dose, the invariable allies of the law of selection, this desirable condition is due.

All medicines are poisons, which taken into the system act injuriously in health, remedially in disease. They are intended to cure without producing any disturbance of the system. It is therefore obvious that in order to obtain the full benefit of the action of the drug on the disease it should be given alone. The reasonableness of this fundamental rule of Homœopathy cannot fail to appeal to the intelligence of all people who give any thought to the healing of their sick bodies.

The practice of mixing and combining many drugs in one prescription is an evil which works in more than one way.

Evils of Complex Formulae.

It hinders the swift and safe action of the drug, which is really indicated by the disease, and in very many instances sets up a disturbance in organs which were wholly unaffected, and the unhappy patient finds himself the victim of two ailments instead of one. There are probably few persons who are not aware from their own observation that injurious consequences not unfrequently follow the taking of ordinary physic. The complex formulæ of the old school tend to complicate—very often beyond control—the operations of the drugs upon the living body. This circumstance is so notorious that it led Moliere to assert that most people die of their remedies and not of their diseases.

A very old and wise physician, who had practiced medicine after this dangerous fashion for more than fifty years, came to see during his last days the immense possibilities of harm in this wholesale usage of drugs and took pains to impress upon his friends the axiom of Lord Bacon, "Medicines shorten life," and bade them beware how they meddled with such injurious substances.

Benefits of the Single Remedy.

But it is the special equipment of the homœopathic physician to know drugs in all their properties and effects, their disease-producing powers and their curative action as no other system of medicine has undertaken to unfold. Each drug has been proved upon the healthy body, and the symptoms of disease thus produced are made the true guides to the use of the remedy.

This immortal law which once accepted becomes as fixed an article of belief as the sphericity of the earth or the law of specific gravity, makes it a necessity for the consistent practitioner to use a single medicine at a time; by so doing "every injury is avoided and every benefit is obtained to the utmost of medical skill."

The simplicity and directness of the system of Homœopathy should recommend it to the practical student of medicine.

Its proud distinction is that it cures the sick quickly, safely and pleasantly. Quickly because the remedy administered alone is unhampered in its action. Safely, because the chances of harm to a patient are much fewer by a small dose of a single remedy than by a large dose of mixed medicines, and pleasantly, as every patient under this treatment will testify, for the reason that drugs have been made palatable, and robbed of their danger in the sick room.

The Attenuated Dose.

Hahnemann's great discovery of the law of similarity did not stop there. It was the ground plan but not the whole structure of Homœopathy. Other important facts came to light, which he, with his quick perceptions and wonderful acumen, immediately grasped and adopted as corrollaries of the incipient system. Up to this time drugs had been given in massive doses and poisonous strength. It remained for him to conceive the idea of subdividing and diluting them with inocuous substances, while preserving and even enhancing their efficacy, an operation, by the way, as amazing to Hahnemann himself as it has proved inestimable to his followers. If the so-called infinitesimal dose has been a stumbling block to the greater acceptance of Homœopathy in the past it cannot longer remain such. The influence of the molecule, the microbe and the germ is universal. The unseen and the imponderable but potent forces are those which hold sway both in the physical and material world. It is altogether in consonance with the spirit of the times that our remedies should come to us in like minute proportions. Moreover, the many excellences of this method appeal strongly to the laity, the convenience, the compact form of the remedies suit well the matter-of-fact world of today and the agreeable taste, if a vote were taken, would prove not the least of their admirable qualities.

What will serve to effect a cure is enough. Why clog the system with an excess of deleterious drugs when the impalpable dose has been so faithfully demonstrated to be the healing agent? It is the blacksmith undertaking with his cumbersome pincers to repair a watch. How much better to imitate the operations of nature in which mighty effects are continually being brought about by apparently insignificant but really efficacious means.

Extension of Homoeopathic Practice.

Homœopathy has experienced much antagonism, the system and its advocates have weathered storms of opposition and triumphed over prejudice and misrepresentation.

The early days of persecution and obloquy are past. The pioneers who embraced the faith and wrought mightily for it have dropped from the ranks, but the great law upon which it is founded remains a permanent heritage of good for all who will avail themselves of it.

The consistency of the system and its practical results have opened up a field as broad as the world.

Its followers and its friends are numberless. It is held in noble repute. It has become a momentous influence.

To identify oneself with the homœopathic school today is for the young student of medicine a wise and sagacious measure. He thus associates himself with a system of medicine which is steadily increasing in prestige and which offers marvelous opportunities to the ambitious and sincere worker.

Demand for Homœopathic Physicians.

Seventy-five years ago Dr. Abernethy, on entertaining a crowded class room in St. Bartholomew's Hospital to give his introductory lecture, looked around the attentive throng of students and exclaimed: God bless you! What is to become of you all? If the ranks of medical practitioners were overstocked then, we might reasonably expect a greater surplusage would exist today. But it is not so in the homœopathic field. There is a clear and distinct call for more physicians. Instead of a surplus there is a deficit, and not all of the twenty colleges are able to fill the demand which comes from every State in the Union for more practitioners of the law of similars. Any college dean will attest that he has openings for physicians which he cannot possibly fill notwithstanding the increased number of graduates every year.

A Broad and Liberal Doctrine.

Finally, the homœopathic school rests upon a broad and liberal foundation. Opulently endowed with its imperishable law of cure, it yet concedes the vital importance of all other branches of medicine, and with the temper of true scientific research, gladly investigates new discoveries and innovations in the medical world, and hesitates not to utilize such methods as will afford relief and serve the best interests of the patient.

Hahnemann and Homœopathy! A noble banner under which to enlist. Its inspired founder a genius and a philosopher. Its guiding precept a permanent law, based on demonstrable facts.

Its history from a weak and calumniated inception, to a conquering power, world known and famous, the most important epoch in medical chronology. Its future. Ah! Who shall say what glorious heights it may not attain! To be the dominant school? More than that! To be the nucleus, the pervading principle, the essence incorporate of the perfected science of medicine, towards which we are tending with every revolution of the earth around the sun!

A Prophecy and a Conviction.

To the young men and women, students of medicine who are questioning in which path they shall find the greatest usefulness, which mode of practice will enable them most faithfully to realize their ambition as earnest and conscientious physicians, we venture this advice and prophecy: With judicial minds and undivided hearts, turn your eyes toward the light and choose for your road to success the well-worn way of Triumphant Homœopathy!

Non-Professional Observer.

HOMŒOPATHY IN PRINCIPLE AND APPLICATION.

BY JULIA C. LOOS, M. D., HARRISBURG, PA.

Homœopathy separates from the paths of its opponents in the claim of principles for the prompt, mild and permanent restoration of the sick to health, corresponding to definite laws of action in astronomy, geology, physics, etc., thus classing healing as a science.

Setting aside personal opinions and individual notions the physician finds in the doctrines of this science adequate solution to all problems arising in his beloved art, whether it be of the progress and prognosis of disease, the use of anodynes, surgery and serums or the selection of a drug.

The Unity of the Organism.

This science, Homœopathy, recognizes man as a unit. In health the various tissues and organs act harmoniously for the good of the whole system, the individual being almost unconscious of separate parts. Not only do the bodily parts act together, body, will and intelligence act as one, the man himself. Rational contemplation of this being shows there must be some governing force that gives vitality and consequent activity to the beautifully formed organs and marvelously adjusted mechanism, even occasioning their construction. Let this control be removed by any intervention, there is the body unchanged in form, weight and constituent elements, but inactive, dead. Something imperceptible to the senses, not possessing the properties of matter, yet real enough to be a force, operating material substance, has gone from the body. This entity, this immaterial substance so controls, when present, that the body is nourished, injuries are healed, activities co-ordinated. When it is withdrawn the body goes to decay. This causative influence existing in the realm of power is fitly termed vital force. Thought determines the will, and the will directs the performance of the body, man internal acting as operator, man external serving as machine, exhibiting action, life, as a unit.

As he exists thus as a unit, the only difference in a man healthy and unhealthy is one of condition. One is in order, the other is in disorder, out of tune. The evidence of this disorder is disturbed function. Thought is confused; the will fails in its control, tissues are not repaired or develop degeneration Any of these manifestations and others in endless variety proclaim that the man is sick. There is disorder in the vital force.

The duty of the physician consists in restoring order in the vital force, which is followed by return of proper functional activity and tissue formation. This view directly opposes the local origin theory (which Virchow promulgated, but retracted before his life ended), which assumes no cause beyond local manifestation and maintains that cure is effected by removal of the part affected or by local stimulation to activity. It is true that so long as the internal disorder is not altered it will find expression.

Individualization.

Individualization follows closely this conception of unity. It is a recognition that among all the or-

ganism units no two are exactly alike, either in health or in disease. Disease action is manifested only by its effect on the organism. As diseases disturb the normal functions and nutrition their influence is shown in symptoms of great variety. In this symptom expression is the individuality displayed. Whatever disease may be in force the individuality of the patient affected determines the mode of expression. He expresses it according to his own characteristics. He has his individuality, sick tho' he be. Therefore, the treatment of the patient should be adjusted to his individuality. His characteristics should be recognized in addition to the disease to which he is a victim. These characteristics are shown in the alterations in his reaction to his environment and his functional peculiarities. The ulcer that exists, the inflammation, malignant growth, albuminous and sugar laden urine are but results of the disease which affected him before these things appeared. The patients vary widely tho' the results in tissue degeneration are alike.

Drug Study.

As with people, so with drugs. Whether animal, vegetable or mineral product each has its individuality. There is in everything a vital entity, which determines its nature and influence. Each drug influences the vital force by its own nature and the effect is shown in symptoms which tell of changes in the organism.

It is evident, on little thought, that the effect of a drug is best determined when its influence alone is at work. Hence drugs must be studied in their action on the healthy or those as near health as possible and singly; that is, when the economy is not under the influence of disease or another drug. Thus all symptoms arising after administration can justly be credited to the drug being tested. This method of drug study, rational as it is, was not much in vogue before Hahnemann insisted upon it as the only reliable drug proving. He and his associates tested ninety different remedies by administration to the healthy, and left the records of these drugs for their followers to use.

In his drug study this able student noticed that Peruvian bark, the first drug he tested on himself, produces effects closely resembling those of malaria fever. This started him on another line of investigation, which led him to the discovery that "Diseases are cured by drugs capable of producing similar effects on the healthy." This has ever been the watchword of his followers, "Similia similibus curantur."

In the pursuance of this doctrine Hahnemann further discovered that by potentization or reduction by trituration (for solids) and repeated succussion (for liquids) drugs are rendered far more effective. Recent microscopic study has revealed the demonstrable presence of various substances in triturations as high as from the 6th to 12th x, showing one grain of metallic substances divisible more than one trillion times.—(Charles Meyerhoffer.)

Disease Study.

The success which has ever followed the administration of remedies on these bases far exceeds that attained by all other applications of drugs. Yet the study of patients revealed some underlying disorder, while the similar, potentized remedy promptly relieved them of their various attacks, frequently the same disorders return and even in increasing severity. Hahnemann's twelve years of study of such cases revealed to the world, through him, a complete exposition of disease action, acute and chronic. To this day, students of disease and medicine can find nowhere but in Hahnemann's "Chronic Diseases" so full and comprehensive a discourse on this subject. Yet only among practitioners and recipients of the homoeopathic art is found a recognition of its salient features.

All natural diseases are inclnded in two great classes, acute and chronic. All diseases of either class have a period of invasion, a period of prodrome, and a period of progress through a definite course. In acute diseases there is a fourth period, decline with tendency of the patient to recover. If patients do not recover, it is because the constitution is too weak to withstand the disease to the limit of its regular course. Chronic diseases have no such tendency to recovery, but continue throughout the life of the individual if unmodified by treatment.

The chronic diseases (miasms) are three, psora, syphilis and sycosis. The first manifestation of psora and syphilis is skin eruption; of sycosis, a catarrhal discharge. In ignorance of the nature of disease men attempt to drive away these first symptoms by local applications, ointments and injections. This treatment serves only to suppress the original manifestations, forcing the disease to act upon the internal parts. Again the symptoms on internal parts are driven off without change of the disease (disorder of the vital force), which continues to manifest itself until changed to order. This sort of treatment has continued through countless generations, the chronic disorder, suppressed, being transmitted to offspring, in whom it is repeatedly manifested, usually first by some form of skin eruption or catarrhal discharge. So extensively has this disorder spread that at the present day it is shared by practically the whole human race, wherefore infants manifest sickness immediately at birth or soon after.

Cure of Disease.

Cure of any disease consists in checking its onward progress, turning it back on its course toward the original manifestations and preventing the development of the later stages in the regular course, rendering malignant fevers of acute disease mild, though the time of the course may not be shortened.

Any treatment directed to a single manifestation or group of symptoms, without including the nature of the whole disease, serves only to suppress that particular group or manifestation (if it accomplishes any modification), while the disease is unchecked and its evidence only diverted from its natural expression.

In the midst of all flaunting doubters of the reliability of drugs resort to surgery, serums and other palliatives. Homœopathy stands the undaunted exponent of cure of disease by rational administration of drugs, and crowned with results that shed glory on the doctrines and the Materia Medica.

Homœopathic Materia Medica.

The Materia Medical embraces a long list of single drugs, animal, vegetable and mineral products, proved in various potencies on many provers to obtain their effects on mankind. The testimony thus gathered shows that the same drug acts always in the same way. Through time, through men's changing opinions, and the periods of their developing enlightenment, among rich and poor, the world over, the nature of each drug is shown in the human economy in its characteristic set of symptoms.

Under the influence of the drug the man himself is a changed being, not his tissues only. He reacts differently upon his environment. His affections, mental activities, sleep and nutrition are altered.

Each drug always produces its own characteristic effects, so that it may be recognized in the individual just as one's living acquaintances are recognized. We say unhesitatingly, "This is a Belladonna case; that is a Pulsatilla likeness." "See that Platina or Sulphur or Ipecac picture." "That one is not like any drug familiar to us." Beyond question this is in the highest degree a scientific method of testing drugs, fulfilling the requirements that "the same results follow always the same methods as often as carried out under the same conditions."

Thus presented to the intelligence as beings instinct with life the drugs stand to the physicians as companions and friends, ready to be called each for his special service, always reliable in his own sphere. These drug effects furthermore are carefully recorded for reference at all times that acquaintances may be renewed and new ones developed.

Materia Medica Repertory.

The Materia Medica repertory is another power at command of the homœopathic physician. By the doctrines already stated he aims to recognize in the effects of drugs images similar to disease images, that the latter may be matched by a drug to effect a cure.

While it would be a tremendous proposition to expect any human mind to carry in memory all the differentiations of even a fraction of the available remedies, yet with the systematic records of provings and a proper index comparisons are not difficult. A physician well trained to select the characterizing symptoms from the history of a case can by reference to the repertory find the remedy most similar in effects.

It is by the use of these records and repertories that even the young homœopathic physician can undertake the care of such cases not previously met in his personal experience and successfully prescribe the curative remedy. He has in his books opportunities for consultations beyond the individual experience of any fifty men whose lives might be spent in the midst of sickness.

Moreover, against the facts of recorded provings to which he is led by the repertory, the opinions of any number of empirical prescribers of whatever fame or "authority" would have no weight. That a remedy is found on record corresponding in characteristics to the case in hand is sufficient, notwithstanding that such cure has not previously been made. The curative results will justify the prescription and increase the physicians' and patients' confidence and delight. The remedy will not fail when properly selected.

With these doctrines as a foundation in the "confidence of conscious knowledge" the homœopathic physician is prepared to stand against the criticisms that may be hurled by—

"The boastful science of two thousand years
That wrecks man's hopes and doubles all his fears,
Traces their maladies with finger sure,
Shows how and why they die, but cannot cure."

The ten commandments of Homœopathy are to her disciples useful guides, not hateful barriers, to peace and success.

I. Thou shalt have no other therapeutic guide before these commandments.

II. Thou shalt seek for the totality of morbid symptoms.

III. Thou shalt search diligently the pathogeneses of drugs.

IV. Thou shalt match drug with disease symptoms to find nearest similimum.

V. Thou shalt give the single remedy.

VI. Thou shalt give the minimum dose.

VII. Thou shalt learn to wait.

VIII. Thou shalt not alternate medicines.

IX. Thou shalt not unwisely repeat.

X. Thou shalt require obedience to hygienic laws

Conformance to these does not hamper thought and narrow physician's privilege any more than use of definite laws of mathematics prevents free calculation.

Results.

Reports of cases under homœopathic treatment seem like fairy tales of childhood, in which the magic wand wrought marvelous transformations, with no consideration for time and space.

Inflammations and congestions in any part of the body yield readily to the homœopathic prescription. The severe acute pains and violent symptoms are so quickly dispelled by the similar remedy as to surprise even him who most desires it. When the disease effect is removed there is no drug effect to be endured. The patient says: "I don't feel so sick as after those strong medicines." When the symptoms of the patient present the image of the sickness, and the similar remedy is administered, the change for the better is often seen in less than half an hour and recovery goes on from that point. When recovery is thus obtained the body is not left a wreck for life, nor with unsound mind, to be a care and burden to some one else.

If recovery be not possible suffering is relieved without narcotic stupefaction. The end comes in peace and comfort, with distress and violence removed by the well selected remedies.

The greatest field for the homœopathic physician is pre-eminently in chronic diseases, those affecting the patients who come to the office, not sick enough to be in bed, but imprisoned with more or less of suffering or inconvenience. Many cases traveling directly toward serious forms of mental derangement have been rescued before the heavy portals shut them from society, and they have returned to paths of pleasantness and peace. Under careful treatment the sunshine of returning health

beams from within, through the bright countenance, clear skin, elastic step and joy of ease. Chills and fever, rheumatism, depressed spirits, indigestion, etc., do not return to harass the days of activity nor the nights of peace. Life is renewed like the eagle's, and in obedience to divine laws it is employed in joyous activity.

Homœopathy furnishes a code of principles for mental repose and refreshment that will serve her students in every emergency and uplift them in their lives of usefulness.

The Hospitals.

HISTORICAL SKETCH OF THE NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.

BY DR. ANNIE S. HIGBIE, NEW YORK.

The New York Medical College and Hospital for Women is the oldest institution of its kind in the world and the only woman's medical college in the State. It was incorporated under an act passed by the Legislature of the State of New York at Albany on the 18th of April, 1863. The first announcement contains the following: "Recognizing the fact that there exists in society an imperative demand for female physicians, and a growing conviction that women should be educated to meet it, the Legislature has granted a special charter for a college in which women desirous of entering the profession, but excluded from the existing schools of medicine, may receive instruction in all the branches of medical science." The first president of the Board of Trustees was Mrs. Maria L. Ewen, and the recording secretary was Mrs. Elizabeth Cady Stanton. The faculty consisted of Mrs. Clemence S. Lozier, M. D., professor of diseases of women and children, and president of the college; Mrs. Lydia F. Fowler, M. D., professor of pathology, principles and practice of medicine; Mrs. Sarah M. Ellis, M. D., professor of anatomy; Mrs. Huldah Allen, M. D., professor of physiology and hygiene; Isaac M. Ward, A. M., M. D., professor of obstetrics and medical jurisprudence; Hon. J. V. C. Smith, M. D., professor of clinical and operative surgery; Edward P. Fowler, M. D., professor of Materia Medica and diseases of the chest; A. W. Lozier, A. M., M. D., professor of chemistry and toxicology. Eighteen students sought admission the first year, and one student, Dr. Emily Schettler, was graduated. The college was at first non-sectarian, but in 1865 it became thoroughly homœopathic, with Carroll Dunham, M. D., professor of therapeutics and Materia Medica, and Timothy Field Allen, M. D., professor of chemistry and toxicology.

Owing to the adoption of Homœopathy a second college for women was organized under the name of "Woman's College of Physicians and Surgeons." Dr. Lozier was dean of the new college also, and five of the adjunct professors were the graduates of the first two years of the New York Medical College for Women. In the report in the third annual announcement we find, "Although the widespread and imperative demand for female physicians had been responded to by the organization of two colleges exclusively for women, this is the first and only one in the world where the law of 'similia' is recognized as the only true guide in the administration of drugs." The generous spirit of the Board of Trustees was shown by the following: "Persons about to go as missionaries desiring medical knowledge will have the privilege of attending lectures free of charge." "A free scholarship will be given to one graduate from each regularly chartered female college in this State." "Six capable and well-educated women, whose pecuniary means are limited, may be annually received on payment of matriculation and demonstration fees. Any person wishing to avail herself of this privilege will please send to the dean an application in her own handwriting, accompanied by satisfactory testimonials. This arrangement will be strictly confidential, and no distinction will be made between these and other students." The college was first located at No. 74 East 12th street in a rented building. Owing to the fact that all the existing hospitals were under the control of the men, and realizing the need of a hospital where women could be treated by women physicians, the next year another building was rented for hospital purposes, and a dispensary was also opened in connection with it. In 1868 a building suitable for both college and hospital, located at No. 187 Second avenue, corner of 12th street, was purchased, and the session of 1868-'69 began under much more favorable auspices. A few years later extensive additions were made to the building to accommodate the large number of patients who applied for admission. In '69-'70 the course was lengthened to a three-years' graded course, and the reason given "The medical education of women must be more thorough and carried to a higher degree than the medical education of men."

In 1880-'81 the Alumnæ Association was organized, with Dr. Phoebe J. B. Waite, president; Dr. Cordelia Williams, vice president; Dr. Jennie De La M. Lozier, recording secretary; Dr. Helene S. Lassen, corresponding secretary; Dr. Mary H. Everett, treasurer. Since that date this association has been an important factor in whatever has been done toward improving the course or advancing the cause of women in medicine. The annual meeting is held the day after the commencement exercises, and the recent graduates are heartily welcomed to all the privileges and responsibilities of the organization.

During the last of the seventies the college and hospital saw some very dark days. Owing to the mistaken policy on the part of some of the leaders the property on Second avenue was sold and the proceeds invested in a plot on Lexington avenue, consisting of a house and three vacant lots. It was their intention to erect a large college and hospital building there, but owing to unforeseen losses this plan had to be abandoned, and later the plot itself was given up and the organization was again without a home. But the brave and energetic women who had surmounted so many difficulties in the past rallied again to the support of the cause.

A house on West 54th street was rented, and here the fall of '81 found both college and hospital ready

to welcome the students to the work of another year. In these quarters, that were inadequate in many ways, they were destined to remain for nearly twenty years.

In every report issued during this period one can see the faith and courage that looked forward to the day when they should be able to realize their dreams of a college and hospital built and adapted for the work of caring for the sick and training physicians.

In '88 the college suffered a great loss by the death of Dr. Clemence Sophie Lozier. Dr. Lozier had been identified with the college from its organization, and had been dean of the faculty for twenty-two years, and her charming personality and entire devotion to the cause of medical education for women had been of inestimable value in the pioneer days.

In '93 the four-years' graded course was adopted and the teaching facilities improved in many ways. Dr. Phoebe J. B. Waite was dean of the faculty at this time, and it was to her wise administration and executive ability that much of the present success of the college is due. It was said of her that she knew every matriculate by name, and also knew all their trials and perplexities and her never-failing tact and sympathy helped many a discouraged student over some of the rough places of life.

In '95 the college was reincorporated as a part of the University of the State of New York, and since that date all diplomas are granted and signed, not only by the officers of the Board of Trustees and the faculty, but also by the regents.

Since the death of Dr. Lozier a fund, known as the Lozier memorial fund, had been accumulating, and in '97 it was invested in a plot of ground on West 101st street, the site of the present perfectly equipped hospital and college. Here during the years of '88 and '89 was erected the fine grey stone building, of which part is devoted to hospital and part to college purposes. The hospital has accommodations for fifty patients, has large and airy surgical, obstetrical and general wards; a children's ward, a number of handsomely furnished private rooms and all the modern facilities for caring for the sick.

In the side devoted to the college is the model operating amphitheatre; laboratories, both chemical and microscopical; a number of lecture rooms, a cloak room and a comfortably furnished room where the students may rest or study between lectures.

The electro-therapeutic apparatus presented by Dr. Girene L. Rounds furnishes ample facilities for treatment and instruction in that important branch of modern medicine.

During this period of forty-one years many names prominent in the annals of Homœopathy have been found enrolled among the teaching faculty.

Mention has been made of Carroll Dunham, Timothy Field Allen and Dr. Clemence S. Lozier.

In those early days we also find the names of Samuel Lilienthal, F. E. Doughty, H. C. Houghton, Edmund Carleton, William Tod Helmuth, William N. Guernsey, L. L. Danforth, G. M. Dillow, St. Clair Smith, J. M. Schley, and Frank M. Boynton. Of this number nearly all who are still living are connected with the college either on the teaching or consulting staff.

Coming down to a later date we find Cordelia Williams, H. M. Dearborn, J. T. O'Connor, M. Belle Brown, Bushrod W. James, Malcolm Leal, George W. Roberts, William H. Van den Berg, T. C. Williams, Sidney F. Wilcox, William Harvey King, William F. Honan, A. R. McMichael, Helen Cooley Palmer, Elizabeth Jarrett, Emily Pardee Disbrow, Emma D. Wilcox, Ruth Worrall, Gertrude G. Mack, and F. M. Dearborn.

During the present season the faculty is being thoroughly reorganized, new chairs established and old ones strengthened by the addition of men and women of known reputation and ability. In Belle Brown, M. D., the capable and efficient dean, and Helen Cooley Palmer, M. D., as secretary of the faculty, a work is done that is inestimable in its value to the institution.

A history of this sort would not be complete without some mention of the noble women who have been identified with the Board of Trustees and have given of their time and money to the cause: Mrs. Elizabeth Cady Stanton, Mrs. Angelina E. Newman, Mrs. Emma Keep Schley, Alice B. Campbell, M. D., Madam Demorest, Cordelia Williams, M. D., Mrs. Louise Wilson, Mrs. Mary Knox Robinson, Mrs. H. L. Bender, and a number of others whose names are not mentioned will be remembered for their ungrudging service. Mrs. Angelina Newman is the only one of the original incorporators who is living at this present writing.

Madam Demorest held the office of treasurer for several years; one notable feature of her reports was the item "loaned by the treasurer," and it was well known that such loans would never be pressed for collection.

While the new buildings were under way the need for special help was deeply felt, and the organization of the Hospital Guild, with Mrs. William Curtis Demorest as president, and a Sunshine branch, consisting of children under sixteen, under the direction of Mrs. George Watson Roberts, have contributed not a little to the successful completion of the project, and the comparatively small indebtedness remaining on the property at this time. In one year $22,250.00 was raised as a result of their efforts.

In closing this historical sketch we would bespeak for this, the only homœopathic college for women in the world, the cordial support of women everywhere.

The equipment is better than ever before, and the prospect is bright for the future.

The Colleges.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

Commencement and Alumni Day.

The forty-fourth annual commencement exercises of the New York Homœopathic College and Hospital were held in Mendelssohn Hall on the afternoon of May 12.

Twenty-nine young men received the diploma of

the college from the hands of Mr. Anson R. Flower, the president of the Board of Trustees. Dean W. H. King made an address and awarded the prizes. Dr. J. H. Demorest distributed the certificates of the Metropolitan Hospital and Dr. G. W. Roberts announced the successful hospital appointees. The Rev. Daniel Russell delivered the regular address to the graduates.

Alumni Day Exercises.

The exercises of alumni day were held as usual in the college and hospital buildings and were of unusual interest. The attendance was excellent, which shows the deep interest taken in the college by the alumni. Dr. W. H. King delivered an address of welcome. This was followed by Dr. C. A. Groves, of East Orange, N. J., of the class of '81, who gave a practical talk on typhoid fever. Dr. George G. Shelton, former professor of Materia Medica, gave one of his charming lectures on Materia Medica and told us how to interpret its symptomatology, and no one knows this better than the genial ex-professor.

Repairing to the amphitheatre of the hospital the visitors witnessed the unveiling of the bust of Dr. Wm. Tod Helmuth. Dr. W. H. King, in a brief but eloquent address, spoke of the life and labors of Dr. Helmuth. Mr. Henry S. Kearney, of the Board of Trustees, unveiled the bust, and at the same time a bronze tablet, which christened the Flower Hospital amphitheatre "The Helmuth Surgical Amphitheatre." The bust and tablet were presented to the college and hospital by Mr. and Mrs. E. H. Weatherbee.

A surgical clinic, by Prof. F. E. Doughty, concluded the exercises of the morning and a lunch in the alumni laboratory succeeded.

The Banquet.

The large banquet hall of the Waldorf Astoria was ablaze with light and flowers as the guests assembled at the annual banquet. Over 400 were present, and later in the evening this number was increased by 200 ladies, who graced the boxes and listened to the speeches. After the banquet proper was over Dr. W. A. Dewey, president of the Alumni Association, called order, and after a few introductory remarks presented the toastmaster, Dr. W. F. Honan, who in turn in a pleasing manner introduced the speakers. Among the latter were Dean W. H. King, General Stewart L. Woodford, Homer Folks, Martin W. Littleton, of Brooklyn, and the well-known journalist, Joseph Howard. All the responses to the toasts were of a high order, and the Alumni Association may be well pleased with its twentieth reunion. A number of the trustees of the college were present, and none seemed to take a greater interest in the entire day's festivities than Mr. Anson R. Flower, to the generosity of whose family the institution owes so much.

Dr. W. W. Blackman, of Brooklyn, was elected President of the Alumni Association for the ensuing year.

CHICAGO COLLEGE COMMENCEMENTS.

The annual graduating exercises of the Chicago Homœopathic Medical College were held in Steinway Hall on Tuesday, May 10, at 2 o'clock in the afternoon. A class of thirty-seven graduated from the college. It was a larger class than last year and showed that the college was gaining in numbers. This school has always stood for strict entrance requirements, and so has limited the number of its students. The annual address by President Cowperthwaite showed that the attendance of the school was increased, the clinics were larger, the number of patients greater and the work of the school better than ever before. With the new hospital it is expected that the school will be still stronger next year. Dr. N. B. Delamater gave the doctorate address, paying especial attention to the work which Homœopathy has done, is doing and will do. Dr. Clarke Sullivan, the class valedictorian, chose Hahnemann as the subject of his address, and he eulogized him in words that made us all feel proud of being his followers. Rev. Dr. Oneal, of Aurora, gave the address to the class. He spoke of our lives, our character and our reputation. He said that it was constant study and work that made the successful man and the one with a character as well as a reputation. He made such a powerful plea for pure manhood as to cause his audience to become almost spell-bound.

Music was furnished by the College Glee Club and Quartette and Prof. Henington.

In the evening a banquet was held at the auditorium.

A large audience gathered at Steinway Hall on Thursday, May 12, to attend the annual commencement exercises of Hahnemann Medical College. One of the largest classes that has ever completed the course in this excellent school graduated this year. The theatre was crowded with friends of the school and of the graduates. The report of the president showed the school to be in a most flourishing condition and to be stronger than ever. The requirements for graduation had been raised and everything had been done to make the school second to none. Several other excellent addresses were made. Good music was a feature of the day. In the evening a banquet was served at the auditorium, and it was largely attended by the faculty, alumni and students.

Hering Medical College, one of our best homœopathic schools, which stands for the most careful study of Materia Medica, held its commencement in Handle Hall the latter part of April. A good sized class received their diplomas and went out to heal by the only law of cure, the law of similar. The school has suffered some this year by the loss of members of its faculty, but new men have been found, and they are ably filling the places made vacant by the resignations of the others. The president's address showed the school to be in good financial condition and ready as ever to battle for Homœopathy and the right.

Societies.

NEBRASKA STATE HOMŒOPATHIC SOCIETY.

The Nebraska State Homœopathic Medical Society held its thirty-first annual meeting in Omaha, beginning promptly at 1:30 P. M. Tuesday, May 4.

Dr. F. E. Way, of Wahoo, wielded the gavel and Dr. E. Arthur Carr, of Lincoln, the pen.

The meeting was unusually well attended. Of the 150 homœopathic physicians of the State, over one-third (1-3) were present.

Among the visiting physicians were Prof. D. A. Strickler, of Denver, the enthusiastic and genial editor of Progress; Dr. A. P. Hanchett, member of the State Board of Health of Iowa; Dr. P. J. Montgomery, president of the Hahnemann Medical Association of Iowa, Prof. George Royal, dean of the College of Homœopathy of the University of Iowa; also, Dr. W. E. Cramer, of Kansas City.

The first bureau called was that of Pædology, which presented several interesting and instructive papers. The most valuable were: "Treatment of Skin Diseases of Children," by Dr. May L. H. Flanagan, of Lincoln, who gave her treatment of such cases while at the Orphans' Asylum. Dr. Flanagan recommended strict cleanliness, the use of the indicated homœopathic remedy and carbolated vaseline.

The next paper, which received close attention and warm discussion, was "Duty of State Toward Crippled and Deformed Children," by Dr. Leonore Perky, of Lincoln. The paper was referred to the Legislative Committee for the purpose of attempting to secure the needed action at the next Legislature.

The Bureau of Gynæcology presented four very good papers, by Dr. Abby Virginia Holmes, of Omaha, on "Inflammation of the Uterus and Its Appendages," confining herself to the uses of electricity for such conditions.

Dr. D. A. Foote, of Omaha, read one of his usual practical papers on "Uterine Fibroids."

Dr. Stella Jacobi, of Lincoln, gave in a very clear and concise way the symptoms of a few reliable remedies in a paper, entitled "The Homœopathic Remedy in Gynæcology," while Dr. B. F. Bailey gave a very scientific classification of "Headaches."

The two best papers in the Bureau of Materia Medica were by Dr. E. N. Leake, of Fremont, and Dr. Laura Brown, of Lincoln. The subject of the former was "The Basis of Homœopathic Prescribing;" that of the latter "Some Remedies in Rheumatism."

Dr. P. J. Montgomery by cast and a toy baby showed the members of the society "How to Save the Babies in Breech Presentation." This was in the Bureau of Obstetrics, in which were several good papers and discussions.

G. A. Young, of Asylum, had a very helpful paper on "Therapeutic Hints in the Early Treatment of Insanity."

Dr. H. R. Miner closed with a good paper on "Localized Septic Conditions."

The officers elected were: President, Dr. A. P. Wells, McCook; First Vice President, Dr. E. B. Woodward, Lincoln; Second Vice President, Dr. E. Arthur Carr, Lincoln; Secretary, F. E. Teal, Omaha; Treasurer, Dr. O. S. Wood, Omaha.

These resolutions were discussed thoroughly.

The following was unanimously passed:

Whereas, There is known to be a proposed plan for the reorganization of the American Institute of Homœopathy along lines that shall give a greater unanimity among the members of the profession, and shall affiliate all local and State societies; and,

Whereas, In the American Institute of Homœopathy there is known to be a proposed plan for the reproving of the drugs of the Materia Medica with the aid of all modern methods and instruments of precision; and,

Whereas, There is a proposed plan of publishing the Transactions of the American Institute of Homœopathy in the form of a monthly medical journal, the annual American Institute of Homœopathy for to include a subscription to this journal.

Be it Resolved, That the Nebraska State Homœopathic Medical Society in annual session do most heartily endorse these proposed changes as being a wise solution of the necessary problems of a stronger organization, closer application and a more scientific Materia Medica.

OHIO STATE HOMŒOPATHIC SOCIETY.

The fortieth annual session of the Ohio State Homœopathic Society convened in the Great Southern Hotel, Columbus, on May 10. The attendance was good, many arriving on the afternoon trains. Dr. W. B. Carpenter, of Columbus, presided over the meeting. His address was one of those practical productions from his pen. We hope soon to publish the same, as our readers will recall that anything that Dr. Carpenter writes is not only well worth reading, but also of committing to memory. The chief feature of the first day's work was the report of the Bureau of Materia Medica under the skillful chairmanship of Dr. C. A. Schultze, of Columbus. It consisted of six papers, and all were present to read them with one exception. Dr. C. F. Junkerman, of Lancaster, cited some interesting verifications—Sepia in epilepsy, Sulphur in incontinence of urine and two remarkable results from Berberis Vulgaris 2x in renal calculi. He also emphasized the importance of carefully selecting the remedy and instanced a case of left subscapular and splenic pain, wherein Chenopodium cured after the failure of other remedies. It was a most practical paper and the points were clearly brought out. Dr. Frank Kraft read of his experiences with Aurun, which will soon appear in the Medical Century. Papers were also read by Dr. J. H. Wilson, of Bellefontaine, on Argentum, an excellent comparative study, and by Dr. W. A. Dewey, of Ann Arbor, on Platinum and Palladium, thus covering the noble metals. Dr. C. A. Schultze concluded with a paper, entitled Materia Medica Melange, and brought many uses of many drugs to the notice of his listeners. Among them were Mygale in chorea, Lemna minor in nasal catarrh, Bacillinum in coughs, Psori-

num in foot sweats, Gnaphalium in backache, Dioscorea in felons, Teucrium in polypi, etc. The hints given were of great value, and the doctor will have to promise the Century a collection of like kind. One of the discussors remarked that more such bureau of Materia Medica work in our societies would forever silence the amalgamation scheme.

Other bureaux reported; that of surgery being devoted to gall-stones and the usual tilt between the medical and surgical sections occurred, but no gall was repanded; in fact, both sides learned something. The banquet in the evening was a brilliant affair. The toastmaster was Dr. G. J. Jones, of Cleveland, who happily introduced the speakers. These were in order: Dr. R. S. Copeland, of Ann Arbor; Dr. M. P. Hunt, of Columbus; Dr. D. H. Beckwith, of Cleveland. These spoke of the morn, the noon and the eventide of medical life: Dr. C. E. Walton, of Cincinnati; Dr. T. M. Stewart, also a silver-tongued orator, also from Cincinnati; Dr. W. A. Phillips, of Cleveland, and Dr. H. E. Beebe, of Sidney, representing the silver and no-haired aristocracy of homœopathic Ohio, following were toasts on medical education and legislation, which were all sound, sensible and sincere. Dr. DeWitt G. Wilcox, of Buffalo, spoke to the toast of the physician's wife, showing that he was perfectly familiar with at least one doctor's better half. There were 108 at the banquet.

The Committee on President's Address reported complimenting, etc. It took no notice of the several recommendations except to recommend the abrogation of the initiation fee.

The election of officers resulted in the election of Dr. J. H. Wilson, of Bellefontaine, for president. The secretary and treasurer were re-elected.

Cleveland was selected for next class session, the resolution to continue the meetings in Columbus for five years having been rescinded.

The Bureau of Obstetrics held the morning session. Dr. Meade had a paper on the Proudction of Premature Labor, which elicited some discussion. Dr. Reddish had a paper on Puerperal Fever, which stirred up some rabid discussion because of his use of crude doses of Quinine. Dr. Hershberger had a twin case where all four feet presented at once. Dr. Hoyt, who was chairman pro tem., also read a good paper.

Neurology was presided over by Dr. R. B. House, of Springfield.

Dr. Cameron, of Chagrin Falls, did the honors for Anatomy, Physiology and Pathology. Dr. Hetherington had a baccilian paper, which was good.

Pediatrics, with Dr. Sara Fletcher, chairman, produced a scarlet fever paper, by Dr. Clara Cook, in which she recommended vaseline for inunction in desquamative stage. Dr. Hoyt said he used bacon rind.

Clinical Medicine went by default. Several papers were handed in, but none read.

The Materia Medica Bureau seemed to have carried off the banner for completeness and good work, and as Dr. Frank Kraft, of Cleveland, is chairman for 1905 there will be another year of the good work.

ILLINOIS HOMŒOPATHIC ASSOCIATION.

The forty-ninth annual session of the Illinois Homœopathic Medical Association was held this year at the old Tremont House, or the Northwestern University building, May 10, 11 and 12. It had been intended to have the meeting, as in former years, at the Masonic Temple, but owing to the new fire regulations it was impossible to use the seventeenth floor of that building. So the meeting was changed to the Tremont House. Instead of injuring the meeting, as it had been feared that it would, it was better than ever. Never in the history of the society have there been so many applications for membership, and the enrollment exceeded last year, when it touched the high water mark of 342. This year it was 358. This was especially gratifying to all connected with the society, and showed that Homœopathy in this State was anything but dead. Never have the Homœopaths been more alive to the needs of the society and to the school of medicine to which they belong than this year. Every meeting was well attended and the members were well repaid for their presence. The papers read were all abie ones, and were thoroughly discussed. The Materia Medica and clinical medicine sections were especially strong, and drew large numbers to the meeting.

The scientific program was unusually complete, several of the bureaux being shortened for lack of time. In view of this the secretary requested that he be given authority to arrange for a four-day meeting in 1905, and the request was granted by unanimous vote. The secretary also called the attention of the Society to the fact that the next meeting would be the fiftieh anniversary of the founding of the Society, and on motion, the president was instructed to appoint a special committee to arrange for a proper celebration of this occasion.

President Halbert's address dealing with the question of medical organization was ordered printed and distributed to all homœopathic physicians of the State. The Executive Committee was instructed to employ an organizer to canvass the State in the interests of the State Association and allied societies.

The officers for the coming year are: President, Nathan Starr, Charleston; First Vice President, S. H. Aurand, Chicago; Second Vice President, J. N. Downs, Ottawa; Secretary, Burton Hasetine, Chicago; Provisional Secretary, T. E. Costain, Chicago; Treasurer, E. H. Sweet, Chicago; Necrologist, O. B. Blackman, Dixon.

The meeting next year is to be a jubilee, as it will be the fiftieth anniversary of the society. It is planned to make it an exceptionally good one.

On Wednesday evening an informal reception was held. A short vaudeville sketch formed the entertainment. Light refreshments were served. A general good time was had by all present. This was given by the Chicago physicians to those visiting in this city.

C. A. H.

MICHIGAN HOMŒOPATHIC SOCIETY.

The thirty-fifth annual meeting of the Homœopathic Medical Society of the State of Michigan convened at Detroit on May 17. President L. R. Marvin, of Muskegon, in the chair.

It was the best attended meeting that the society has held in many years and the interest shown surpassed those heretofore held. The papers presented were of an unusually practical order and all the various bureaux were well represented. A banquet was tendered the society by the Detroit physicians in the evening, Dr. Alfred Graham, of Detroit, presiding as toastmaster. Toasts were responded to by Dr. M. H. Parmele, of Toledo; Drs. A. B. Grant, of Albion; Dr. W. E. Clarke, of Three Rivers, and Mrs. Nellie B. Crumrine, wife of Dr. C. G. Crumrine, of the Medical Counselor, who spoke in a most felicitous vein of the "Doctor's Wife."

A clinic was given the visiting members at Grace Hospital in the forenoon of the second day. Operations were performed by Drs. Harold Wilson, Don M. Campbell and S. H. Knight. Following this a lunch was served by the wives of the local profession.

Election of officers resulted in the following: Dr. Dean T. Smith, of Ann Arbor, President; Dr. J. H. Ball, Bay City, Secretary, and Dr. R. M. Richards, Detroit, Treasurer. The place of the next meeting will be Jackson.

Among the visitors from out of the State were: Drs. C. E. Sawyer, of Marion, Ohio; M. H. Parmele, J. H. McVay and F. A. Stafford, of Toledo, Ohio; De Witt G. Wilcox, of Buffalo; A. P. Powelson, of New York, and G. Henderson, of Strathroy, Ontario.

All of the sessions were well attended. The discussions of the papers were pregnant with benefit and the meeting adjourned with good feeling and satisfaction predominant.

BOOK REVIEWS.

The Obstetric Duties of Mother and Nurse.

By Hudson D. Bishop, M. D., Cleveland, Ohio. 1904.

This is a monograph on the management of the pregnant state, the technique of labor and the care of mother and child, together with the principles and methods of infant feeding. It is essentially a book for family use, and although the physician is supposed to be up in all that is herein contained, an occasional perusal of the excellent points found in this little volume would not only be of benefit to him but to his patients as well. Mothers and nurses, for whom it is especially written, will welcome it as one of the most concise and useful books that can fall into their hands.

The Therapeutics of Mineral Springs and Climates.

By I. Burney Yoe, M. D., London, Chicago. W. T. Keener & Co., 1904.

Nothing can be more useful to a phycisian than a knowledge of the various mineral springs and climatic resorts, especially as to their therapeutic value and possibilities. The work before us is composed of two parts; the first is devoted to mineral springs, giving their nature, composition and classification and then their mode of action, and finally, a description of the principal mineral springs in alphabetical order. The second part of the book is devoted to climate and climatic resorts, seaside, mountain, winter and summer as well as sea voyages, etc. It is a splendid work, and no well informed physician can afford to remain unfamiliar with it.

Chronic Diseases.

Their Peculiar Nature and Their Homœopathic Cure. (Theoretical part only.) By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. 269 pages. Cloth, $1.25. Postage, 10 cents. Philadelphia. Boericke & Tafel, 1904.

This is as important a book as Hahnemann's Organon, and should form equal with the latter a supplementary text book on the philosophy of Homœopathy. It is issued in a handy volume of 270 pages, and every student who buys the Organon will need this companion volume. We hope it will meet with a large sale.

Von Bergmann's Surgery.

A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin; P. von Bruns, of Tubingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, $6.00; leather, $7.00; half morocco, $8.50, net. Volume II. just ready. 820 pages, 321 engravings, 24 plates.

The second volume of this great work appears so soon after the first that a prompt completion of the whole is assured. American surgeons will thus enjoy the advantage of having a complete library of practical surgery, reflecting its subject in its latest development, and simultaneously fresh throughout. Their German confreres absorbed the early volumes of the first edition so rapidly that a second edition of them became necessary before the completion of the original issue. The success of the work in Europe was so great that it was immediately translated into Spanish and Italian, and a translation into English was undertaken in this country when the American publishers became aware of a revision in the German, and decided to await its appearance. At the expense of a very short delay, therefore, American surgeons are placed in a position of decided advantage over their European brethren. However, the corps of experienced surgeons who have translated the work under the editorial supervision of Dr. William T. Bull have added those methods of practice which have gained preference in America, as well as many illustrations and colored plates. This great work in its present form may therefore truly be regarded as reflecting the latest knowledge of the masters of surgery throughout the world. Americans are quick to appreciate merit, and have evinced this trait anew in the immediate demand for this cosmopolitan surgery which has greeted the issue of the first volume. It dealt with the head, a

regional arrangement which is conveniently continued by the consideration of the neck, thorax and spinal column in the second volume, now at hand.

Homœopathic Directory, 1904.

Homœopathic Publishing Co., London, England.

This directory is always a welcome volume. It is now in its tenth year, and gives information respecting homœopathic physicians in all parts of the world. Its special value lies in the lists of physicians and homœopathic institutions in other countries than the United States. Of course but few of our American physicians are listed therein, were they all listed the volume would have to be tenfold larger than it is. We have but one criticism to offer, and that is the list of homœopathic periodicals of America is woefuly inexact. We find the Hahnemannian Advocate, the Homœopathic News, the Journal of Homœopathics in the list, and also the Minneapolis Homœopathic Magazine. These periodicals are all dead, some of them have not been published for years. The Medical Times, which is about as much a homœopathic periodical as the London Lancet, is found in the list. The omissions, however, are more important. The Medical Counsellor, the Clinical Reporter, the Critique and Progress, our two Denver periodicals, the Medical Forum, of Kansas City; the Medical Visitor, of Chicago, and nearly all of our excellent college journals, such as the Chironian, the Homœopathic Student, the Michigan Homœopathic Observer, the Cleveland College Reporter, the Hahnemannian Institute, and others are omitted. In fact, over half of our periodicals are omitted. It would seem that a careful perusal of the Transactions of the American Institute of Homœopathy would obviate these errors.

Musser's Medical Diagnosis.

New (5th) edition. A Practical Treatise on Medical Diagnosis for Students and Practitioners, by John H. Musser, M. D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians; President of the American Medical Association, etc. New (5th) edition, revised and enlarged. In one octavo volume of 1,213 pages, with 395 engravings and 63 colored plates. Cloth, $6.50; leather, $7.50; half morocco, $8.00, net. Lea Brothers & Co., publishers, Philadelphia and New York.

It has been well said of this book that "everything in diagnosis can be found in it," and from the frequency of its editions we might add that it is always up to date in a most vigorously advancing and practical department. With this volume alone the physician is well equipped in what must underlie successful therapeusis; namely, accurate diagnosis. In the case of a book recognized, as this is, as the standard authority, it is sufficient to mention some of the features of this new edition.

The arrangement has been completely changed to correspond with the development of the most logical and natural method of approaching a diagnosis in actual practice. Moreover, the entire work has been rewritten to attain the utmost lucidity. Through condensation in the more theoretical passages space has been gained for explanation of practical points in fullest detail. This element and the natural growth of the whole subject, have required a total increase of one hundred pages.

The number of illustrations has been nearly doubled, and fourteen new colored plates have been added, making the total number of such plates no less than sixty-three. "Musser" is by far the most lavishly illustrated volume ever published on diagnosis, but this wealth has been wisely apportioned. The engravings and plates are all telling, and in connection with their accompanying text they focus a clear picture in the mind of the reader. It is a work that every practitioner will find of immense service, and those teachers who use it for their classes will find their own labors facilitated and the records of their students at examination reflecting credit on all concerned.

American Homœopathic Pharmacopœia.

Seventh edition, enlarged by the addition of a supplement containing the more important remedies added to the homœopathic Materia Medica since the publication of the third revised and enlarged edition. Boericke & Tafel, 1904.

This well known work is brought to date by a supplement written by Dr. F. A. Boericke, a practical pharmacist, chemist and physician. It is our old and standard work, and the one that is most in harmony with the rules prevailing among German homœopathic pharmacists, from whom we get tinctures like Aconite, Belladonna, Bryonia, etc. It follows closely the rules given by Hahnemann in the preparation of all medicines. While we have nothing against the Institute Pharmacopœia, we believe this volume is more practical for the physician. There are many physicians throughout the country who make their own tinctures. Compare the complicated methods of the Institute Pharmacopœia in the making the tincture of Sanguinaria with the simple and old-fashioned way of the American Homœopathic Pharmacopœia, and it is seen at once that the Institute plan is impossibe to be followed by the physician of the country who steps down from his buggy on his ride and gathers some of the fresh root just at the proper season and takes it home to carefully prepare the tincture. What difference does it make to him whether the tincture thus made is of 1-10th power, because some other tincture is that strength. He makes his tincture according to the old plan; true, it is 1-6th drug strength, but he does not bother himself about that. He knows he has made a nice clear tincture and he prescribes it with confidence. We know at least one pharmacist who used the Institute Pharmacopœia and who abandoned it for the reason that its methods were too complicated and that the results were no better, if as good, as by the methods advocated by this old reliable Pharmacopœia.

Medical Century

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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JUNE 1, 1904.

Editorial.

A WOMAN'S NUMBER.

The present issue of the Medical Century is devoted to a few articles from some of the prominent woman physicians of the homœopathic school. We say a few articles, for in response to our invitation for contributions to this number we received a most courteous acceptation from a greater number than our space would permit us to use. We therefore have selected for this issue articles covering various fields of medical science, and in some instances from writers who are not, like some others, universally known. That these articles will compare most favorably with any that have ever appeared in the Century from man or woman will be apparent on perusal.

It is our observation that our women physicians hew perhaps closer to homœopathic lines as a rule than those of the male sex. Dr. Chapman's "Observations" and Dr. Kurt's "Out of a Tight Place" and Dr. Banning's article on "Homœopathic Abortions" are illustrations of this point.

No one will read Dr. Varner's article, "Homœopathy and Modern Science," or Dr. Loos's article on "Homœopathy in Principle and Application" without an admiring realization that our women practitioners are alive to the scientific advancement of the homœopathic principle, nor to the fact that the trend of all modern scientific thought is toward Homœopathy. These writers seem to have a grasp on the science aspect of Homœopathy equalled by few of our regular contributors on these topics. We also publish another of the essays submitted in the Century prize essay contest. This essay received special commendation from one member of the committee as hardly containing a thought with which he could not agree.

The practical article on Psychiatry from Dr. Barrus, whose eleven years' residence and experience in the Middletown State Homœopathic Hospital makes her an authority on the subject, and Dr. George's article on Amenorrhœa will both repay careful perusal. In our nineteen homœopathic colleges we believe men and women are admitted on equal terms with two exceptions. The New York Homœopathic and the Hahnemann, of Philadelphia, admit only men. In New York, however, is a homœopathic college exclusively devoted to the education of young women for the profession of medicine, a description and historical sketch of which appears in this issue from the facile pen of our special New York correspondent, Dr. Annie S. Higbie. We would have been glad to mention the many hospitals and dispensaries throughout the land where the influence of our homœopathic women is predominant, but even the space of the Medical Century has its limits. We find them on our hospital staffs, our college faculties, our dispensary corps, as colaborators on the journals and as officers of our societies. True in the latter instance their field seems restricted to secretaryships or second vice presidentships, but the Medical Century does not despair of seeing some of our State societies, or even the American Institute of Homœopathy, elevate some of our good women to a seat in the president's chair.

EDITORIAL BREVITIES.

To Niagara Falls.

There is every promise that the meeting of the American Institute of Homœopathy at Niagara Falls, June 20 to 25, will be one of the best attended meetings of this august body. The central location between the East and West and the unexcelled railway and hotel facilities make the meeting place a desirable one in every way. The work of the sectional societies and bureaux is shown in the excellent and practical programs sent out. The local committee are ready and every member is planning to attend. We have been asked to mention the fact that the train leaving Chicago on the Michigan Central road at 5:20 P. M. will at the time of the meeting be running via Niagara Falls. During the winter this train goes direct to Buffalo via the international bridge, but the summer schedule takes it by way of the Falls; this makes two excellent trains from Chicago and the West, one leaving at 3 P. M. and the other at 5:20 P. M.; both arriving at Niagara on time for breakfast. From the East members will find trains running via the New York Central, so that either Boston or New York may be left in the evening and the Falls reached in time for breakfast. Fare is on the one and one-third rate certificate plan. The Big Four is the best from the Southwest. Don't forget the certificates and all be on hand Monday, June 20.

Another Chair for Homœopathy.

The wonderful growth of the homœopathic department of the University of Michigan and the great popularity of the new hospital recently erected for the department by the State, have led the regents to provide for an additional chair for the college. An adjunct professorship carrying a salary of $1,200 a year has been decided upon. The new chair will be devoted to the development of homœopathic therapeutics along laboratory methods, thereby increasing the facilities for drug testing, according to modern scientific research, and proving the same in the hospital both clinically and practically. This will be good news to all who have watched the development of this institution since its reincarnation and encourage university departments of Homœopathy elsewhere. The new chair will be filled in time for the next session of the college.

Editor's Table.

GENERAL NOTES.

Dr. G. B. Haggart, of Alliance, Ohio, has gone abroad for a few months' recreation and study.

The Ohio State Homœopathic Society has about 240 members. This is less than 25 per cent. of the homœopathic physicians of the State.

Dr. C. E. Johnson, of Otis, Ind., has gone abroad for a summer's observation and study in European hospitals.

Cleveland Homœopathic College held its graduating exercises on May 4. The number of graduates was twenty-two.

The commencement exercises of Hering Medical College were held on April 11, Hahnemann's birthday. There were twenty-one members in the graduating class.

The Denver Homœopathic College graduated seven young men on April 21st. We learn with pleasure of the good work done by our Denver institution.

Our sympathies go out to Dr. Dean W. Myers, of Grand Rapids, for the loss of his estimable wife. Mrs. Myers was the granddaughter of one of the first homœopathic physicians of Vermont and sister of Dr. G. R. Owen, of Riverside, Cal.

Springfield, Mass., is to have a new $100,000 homœopathic hospital through the munificence of Daniel B. Wesson, of the well-known revolver firm of Smith & Wesson.

Mr. M. E. Warner, of Armour & Co., called on the editor of the Medical Century and left samples of the pharmaceutical products of this well-known firm.

The National Society of Electro-Therapeutists meets at Niagara Falls June 21 and 22. This will be an additional inducement to attend the Institute.

The erroneous impression has prevailed somewhat that the Ohio State University has a medical department. The Committee on Education of the Ohio State Homœopathic Society advocated the doing away with rival colleges and the establishment of one large university school.

The New York Homœopathic Medical College and Hospital for Women held commencement exercises and banquet on May 13. Three hundred guests attended the latter.

Dr. E. Weldon Young, of Seattle, Wash., has been on the sick list for the past six months and unable to attend to his practice. We trust his recovery may be speedy.

Our English friends are out with neat schedules of the course of lectures and clinical demonstrations to be given at the London Homœopathic Hospital during the summer months. Send to Dr. Searson, who is dean, for a copy.

A Winter Chautauqua is being established at Citronelle, Ala. Dr. Duffield, the well-known homœopathic physician, writes us that they have had the best season as a resort in the history of the place.

Dr. Howard P. Bellows reports that the proving undertaken by the O., O. and L. Society, not of the American Institute, is a very strong one in every direction. A full report of which will appear soon in book form.

The Denver Homœopathic College and Hospital Association held its tenth annual graduating exercises in Trinity church Thursday evening, April 21, 1904. The program was interesting and the audience large and appreciative.

This institution has done excellent work during the past year and made progress in many ways. It has moved the college department into larger and more commodious quarters; it has enlarged the laboratories and increased the facilities for teaching. It has paid off $3,500 of debt.

The Missouri Homœopathic Medical College graduated 10 candidates at its forty-sixth annual commencement on April 14. This college is nearing its half century mark. It was one of the pioneers among our colleges, and we learn with pleasure that its future prospects are bright.

Dr. L. C. McElwee, of 1221 North Grand avenue, has opened his residence for the entertainment of World's Fair visitors. He calls it "The Doctors." It would be well for our physicians visiting the fair to drop the doctor a line and get a descriptive circular of his facilities.

The thirteenth annual commencement of the Southern Homœopathic College was held on May 3. Dr. George T. Shower delivered the address and conferred the degrees. Dr. Edward Janney also made an address. The graduating class numbered thirteen, the largest for some years.

Among our friends who exhibited at the Ohio State meeting at Columbus were the Antiphlogistine folks and Mellin's Food Company. They carried off the exhibitor's palms and the doctors carried off the samples. D. A. Appleton & Co. exhibited their latest medical publications. No homœopathic house exhibited.

At the second annual meeting of the Arkansas State Homœopathic Medical Association held in Little Rock on April 12 the following officers were elected: V. H. Hallman, M. D., President, Hot Springs; D. B. Neal, M. D., Vice President, Little Rock; P. C. Williams, M. D., Treasurer, Texarkana; Zuber N. Short, M. D., Secretary, Hot Springs.

Dr. G. B. B. Larkeque, of Athol, Mass., had a bad spill (not spell) last month. He was instructing a young man in the duties of a chauffeur. A barn happened to be in the way, and in the endeavor to go over it the doctor sustained a shaking up and some bruises.

Dr. Clarence V. Page has changed his location from Onawa to Council Bluffs, Iowa, where he will be associated in practice with Dr. A. P. Hanchett. Dr. Page was married on May 5th to Miss Annette Barnum, of Onawa. Dr. and Mrs. Page will be at home after June 1st, at 177 Glenn avenue, Council Bluffs, Ia.

The St. Louis Homœopathic Medical Society has appointed a committee to furnish all homœopathic physicians and their families such information and literature as may be desired, and will undertake to reserve accommodations. No expense attaches to this service. The chairman of the committee is Dr. W. E. Jones, 3859 Page avenue, St. Louis, Mo.

The Connecticut Homœopathic Medical Society had an unusually successful annual meeting in New Haven, beginning May 17th. It was the fifty-fourth in its history. Dr. C. N. Payne presided. The officers elected for the ensuing year were: Dr. Sophie Penfield, of Danbury, President; Dr. H. A. Roberts, of Derby, Vice-President; Dr. F. A. Cameron, of Waterbury, Secretary, and Dr. E. J. Walker, of New Haven, Treasurer.

A marble tablet was unveiled on May 5 in the Metropolitan Hospital on Blackwell's Island to the memory of Dr. Egbert Guernsey. Dr. Guernsey was one of the founders of this hospital in 1875. The tablet is the gift of the Medical Board, and it was unveiled by Commissioner Fully, of the Department of Charities. Addresses were made by Dr. Clinton L. Bagg and Dr. Arthur L. Root.

Among the honors of the New York Homœopathic Medical College graduating class the Alpha Sigma fraternity men landed the first and second prizes, five out of six Flower Hospital staff appointees, and a number of those in other hospitals. Three appointees of the Metropolitan Hospital from the University of Michigan were fraternity men, two of Alpha Sigma and one from Phi Alpha Gamma.

The semi-annual session of the Miami Valley Homœopathic Medical Society was held at the Hotel Sterling in Cincinnati on May 3. There was a good attendance, good papers and a banquet given by the Alumni Association of Pulte Medical College. The graduating exercises of the college were held in the evening of the same day, it being the thirty-first annual commencement. Number of graduates eight.

A visit to Toronto is one that is so easily made from Niagara Falls that it should not be omitted by any who attend the Institute at Niagara Falls. The Niagara Navigation Co. runs steamers daily from Lewiston to Toronto and return. Lewiston is but a step from Niagara, and a more delightful or ideal trip is difficult to conceive. The steamers are fine ones, the lake is usually smooth at this time of the year, and the trip may be made in a few hours. We can especially recommend this trip to the members of the Institute.

Good accommodations may be secured at reasonable rates in the private residence of Mrs. W. N. Perry, 167 Buffalo avenue, Niagara Falls. It is within five minutes' walk of the place of meeting.

Dr. H. F. Biggar, of Cleveland, O., writes us as follows: "The 250 pamphlets of the prize and two other essays, 'Why Students of Medicine Should Select the Homœopathic School,' were received and are being distributed to patients and others. No doubt the judicious distribution of the essays will make many converts to Homœopathy and anchor those of our school who may be wavering. I hope that all of our colleges, hospitals, sanatoriums and physicians will be interested in the distribution of these valuable essays. If properly done the harvest will be a hundred-fold."

A banquet was held by the Nebraska Homœopathic Society following the meeting at the Paxton. Dr. F. B. Richter presided as toastmaster. Toasts were responded to by Drs. Ashby, Abby Virginia Holmes, Wells, Royal and others.

The Hahnemannian Monthly, our esteemed Pennslyvania contemporary, in an editorial comments on the Medical Century prize essay, giving the essential features of each essay in the language of the essay. This we accept as a high compliment, especially when coming from the able editorial staff of that sterling periodical.

Class day exercises of the homœopathic department of the University of Michigan will be held at Ann Arbor Friday, June 17. This is an alumni affair, and a series of clinics will be given by the following prominent alumni: Dr. M. E. Graham, surgeon to Hahnemann Hospital, of Rochester, who has a son in the graduating class; Dr. N. H. Chamberlain, of Oakland, Cal., and Prof. J. C. Wood, of Cleveland. A luncheon will be served in the evening by the Senior class, to which all friends of the college, especially the alumni, are invited.

The University of Michigan Society of Drug Provers have published the results of the recent proving of Stellaria media in pamphlet form. It shows the drug to have a restricted but well defined sphere of usefulness. The proving was made with great care, observing all scientific methods. Dr. A. E. Ibershoff was the director, and it is a most excellent piece of work, right on the lines that are being talked of throughout the school.

The Ohio Sanatorium Company now operates two large and flourishing institutions under the able management and presidency of Dr. C. E. Sawyer. The older place at Marion is devoted chiefly to the same class of patients as formerly, while the newer place, the Park View Sanatorium, at Columbus, is given up to mental affections, drug habits, alcoholics, etc. Dr. Sawyer's success in the management of institutions is too well known for comment. It was our pleasure to spend a day with him recently, and we noted marked improvements over what we found on our last visit of some five years ago. Yet Sawyer didn't do it all. We must not forget to reckon the resourceful, energetic larger and we know better half, Mrs. C. E. S., to whom at least half of the success is due.

The first volume of "The Miasms-Psora and Pseudo-Psora," by J. Henry Allen, M. D., of Chicago, is now in press.

Hahnemann Medical College, of Chicago, held its graduating exercises on May 12. Forty-nine graduates received the diploma of the institution. This is the largest class with one exception that any college has graduated to the present time this year. Dr. John W. Cook, of the Northern Illinois Normal School, made the annual address.

Salem, Oregon, is without a homœopathic physician. This is a most excellent location. The editor of the Century visited Salem about fifteen years ago, and there were four homœopathic physicians in the city, all doing a fine business. All who have been there have either died of old age or got rich and retired.

Dr. E. H. Porter, our brother of the North American, visited St. Louis as a delegate from New York to the National Editorial Association recently. We feel secure that homœopathic interests were well looked after. The doctor spends the summer months on his demesne in Upper Lisle, Broome county, N. Y.

The meeting of the Northern Indiana and Southern Michigan Homœopathic Society at Elkhart on May 3 went off with its usual success. Many papers were read, new members elected and the following officers selected for the ensuing year: Dr. E. G. Freyermuth, President, and H. A. Mumaw, Secretary. The next meeting will be at Elkhart on October 11.

Dr. Gustav Wilson, house surgeon to the Homœopathic Hospital of the University of Michigan, has accepted an assistantship in the Southern Homœopathic Insane Asylum at Patton, Cal.

The Detroit and Buffalo Navigation Company runs fine steamers between these points. A beautiful trip on Lake Erie may be made by Institute members and their families either before or after the meeting. There is no pleasanter way of travelling than by these steamers, which are fine specimens of naval handiwork.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

At the meeting of the medical society held May 3 two very interesting papers were presented upon electricity; Dr. C. A. Davis having for his subject the "Mechanics and Therapeutics of Static Electricity." He presented a most thorough and exhaustive treatise, which was greatly appreciated by those present. The paper of Dr. A. K. P. Harvey was on the "Therapeutics of the X-Ray and Finsen Light," and was illustrated by stereoptican views. He says the inflammation of the skin produced by these treatments is caused by the violet rays and not by the heat rays. He considers all cases of malignant skin disease should have the light treatment before using the knife, his reason for this being that many of the outlying cells of the growth will be destroyed and a line of demarcation formed, and in this way the surgeon is much more likely to remove all the growth than if no light treatment is used until afterward. On large masses the knife may be used first and finish the treatment with the light. He does not consider that these treatments take the place of surgery, but are only an aid to it. He gets his most brilliant results in cases of lupus and epithelioma, and generally uses the X-Ray for the epithelioma cases. He believes the cases should be individualized, just as in prescribing medicines; he also believes in treating them very cautiously; would stop treatments when any sign of inflammation results before any great damage can be done. He only uses shields to protect the hair and eyes; in other portions of the body he believes the light should have full force to reach the outlying cancer cells. He does not consider the value of the X-Ray for diagnostic purposes so great as it was at first supposed it would be. He thinks the Finsen light more beneficial for cases of lupus than the X-Ray. To produce the Finsen light he uses the London hospital lamp. He showed several pictures taken before and after treatment, which were exceedingly interesting; one of acne pustulosum, cured at sixteen sittings with the X-Ray; one of psoriasis, cured in three treatments; one of epithelioma of the nose, cured with Finsen light in sixteen sittings; one of epithelioma of the neck, which seemed to be aggravated by treatment, and the patient left in disgust, but two months afterward was seen and found to be completely cured, the cure having continued after the treatment stopped. He showed several pictures on the screen with the stereopticon which were especially interesting, one being a case of lupus cured in nine weeks, after having been greatly aggravated by treatment with cancer paste. The lantern slides were prepared by Dr. Southwick, of Boston, to whom Dr. Harvey spoke of being indebted for their use.

In the discussion of this paper Dr. J. B. Gregg Custis laid particular stress upon the dangers of these light treatments, and mentioned one of his cases who developed a very pronounced hæmorrhage following a treatment for a carcinoma of the breast.

The Clinical Club held a very interesting meeting at the office of Dr. Sharp April 11. The Medical and Surgical Club also held a meeting at Dr. Kingsman's office April 28.

Madame Lillian Nordica sang at the New Willard April 23 for the benefit of the National Homœopathic Hospital.

The bill before Congress appropriating $25,000 for the new hospital failed to pass at this session.

Recently there were two Cæsarian sections performed within a week by Dr. T. L. Macdonald at the hospital, with recovery of both mothers.

Dr. E. S. Lothrop recently spent several days at Atlantic City, resting from his severe winter's work.

Dr. H. H. Hawxhurst was called to New York recently by the illness of his mother.

Dr. James A. Freer took a short vacation a few weeks ago.

Locations.

Exira, Audubon county, Ia.
Tampico, Mexico.
Duluth, Minn.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO.

The Chicago Homœopathic College Glee Club gave a concert at Steinway Hall for the benefit of the Children's ward in the new Chicago Homœopathic Hospital. Every seat was taken and all that the law regulating theatres would allow were in the building. The club was assisted by several of the leading instrumental and vocal artists of Chicago and Minneapolis. The concert was a success in every way, the club fairly out-doing itself. The hospital fund was much enlarged by the proceeds of the entertainment.

Dr. Burton Hazeltine is now having his service at Cook County Hospital.

Dr. Wieland is now located at 70 State street, having taken the suite in the Bay State building with Dr. Clifford Mitchell.

The course in orificial surgery given by Dr. E. H. Pratt at the Chicago Homœopathic Medical College was well attended this year. It was especially gratifying to the doctor to see so many new faces among his class, showing that many are becoming interested in and believers in this system of surgery. As usual, the amount of clinical material was abundant.

Dr. Gilbert Fitz-Patrick expects to leave about the middle of June for an extended trip. He will first go to the American Institute and then to Colorado, where he will spend a large part of the summer.

D. C. A. Weirick was absent from the city during most of the month of May, taking a well earned vacation. He is now back in the city.

The Chicago Homœopathic Medical College Bulletin made its first appearance in April. It is a quarterly publication issued in the interests of the college, hospital, alumni, students and Homœopathy. Articles by the leading members of its faculty show what Homœopathy is and can do. The next issue will be in July, and will contain about eighty pages of matter. No advertisements are carried and no charge is made for it, it being distributed gratuitously to physicians and all those contemplating the study of medicine.

An interesting paper was presented by Dr. Clifford Mitchell at the Minnesota Homœopathic Medical Association.

The homœopathic physicians of Omaha and Nebraska are very desirous that a good homœopathic oculist and aurist should locate in Omaha. They say that it is an excellent opening. One or two men here are considering locating there.

Dr. H. H. Judd and Dr. Paul Higbee began their services in Cook County Hospital as internes the first of this month.

Dr. Shirley Lang, who has been interne at the Chicago Union Hospital, has completed his term of service and has located in Wisconsin. His place in the hospital has been taken by Dr. J. W. Webb, who won first place in a competitive examination. Dr. Webb was the only Homœopath taking the examination, the others being graduates from Rush, P. and S. and Northwestern. It certainly speaks well for Homœopathy when one of its men takes the honors over men who are supposed to know it all and to be "regular."

An interesting bacteriological exhibit will be made at the American Institute of Homœopathy by the Chicago Homœopathic Medical College. It will be in charge of Dr. E. G. Davis, professor of bacteriology, and Dr. Grosser, lecturer on the same subject in that school.

Dr. Harriet Taylor, who has been practicing in La Grange, one of the suburbs of this city, has removed from there to Springfield. Ill.

A series of parties was given this year to the students of the C. H. M. C. Dr. George took the juniors to a theatre party, Dr. Stearns entertained the seniors at his home in Kenilworth, and Dr. Vaughan had the sophomores and the freshmen at his home in the North Side. It is unnecessary to say that all of the affairs were successes, and that the students enjoyed themselves.

OBITUARY.

Dr. John A. Pearsall.

Saratoga, N. Y., April 18. A graduate of the N. Y. Hom. Med. College, 1876.

Dr. P. S. Duff.

Butler, Pa., April 2. Graduate of Homœopathic Hospital College, Cleveland. Dr. Duff was a well-known figure at the American Institute meetings and an earnest Homœopath.

Dr. Henry G. Souder.

Woodstown, N. J., April 1. A graduate of Hahnemann Medical College of Philadelphia, 1875.

HAHNEMANN OF PHILADELPHIA.

The fifty-sixth annual commencement exercises of Hahnemann Medical College and Hospital were held on May 21st. The number of graduates receiving the diploma was sixty-six, which swells the total number graduates from this ancient institution of our school to 2,755. The diplomas were awarded by Judge Hanna, President of the Board of Trustees of the college. The exercises, which included an elaborate musical program, were opened with prayer by Rev. J. H. Boggs, of the Lawndale Presbyterian church. The address to the graduating class was delivered by James M. Beck, former Assistant United States Attorney General. It was a strong address, filled with an unusual amount of good advice.

The Alumni Banquet.

In the evening the annual alumni banquet was held in the Bullitt building. At the business meeting preceding the banquet, Dean C. M. Thomas announced the fact that $50,000 had been donated for the construction of the new clinical amphitheatre.

The amphitheatre, which will be thoroughly up to date, will be equipped with etherizing, sterilizing and recovery rooms, also an improved X-ray department and a dark room. Further mention of the new amphitheatre was made by Dr. William B. Van Lennep, who said that the $50,000 had been contributed "by a friend, whose name is withheld for the present, for the construction of a new clinic. The only stipulation made by the generous and

modest donor was that an appropriate tablet should commemorate the gift."

The following officers were elected: President, George Taylor Stuart; First Vice-President, H. M. Bunting; Second Vice-President, Oliver Crimshow; Third Vice-President, J. Mansfield; Treasurer, W. H. Kein; Permanent Secretary, W. D. Carter; Provisional Secretary, D. B. James; Executive Committee for three years, G. D. Woodward, J. E. Bellville, and O. S. Harris. Following the banquet toasts were responded to by Dr. Van Lennep, Dr. J. Norwood Griscom, Dr. Henry M. Gray, Dr. George H. Gickley, Dr. Herbert L. Northrop, Dr. Edward R. Snader, and Dr. Clarence Bartlett.

PULTE FACULTY CHANGES.

At the annual meeting of the faculty of Pulte Medical College (May 16, 1904) Dr. J. D. Buck, one of the founders of the college, and, throughout its years of existence, was first its registrar, and for many years its dean, asked that the faculty elect some one else to that honorable position. He felt that he had borne the honor and the work long enough to see the institution well established, free from debt, and in possession of its own hospital. Reluctant to lose him as its dean, the faculty are pleased to know that he will continue at the head of the department of the practice of medicine.

The election of officers resulted as follows:

Dean, C. E. Walton; Registrar, S. R. Geiser; Treasurer, C. A. Pauly, and Secretary, W. H. Smith.

Prof. P. T. Kilgour was advanced from the Department of Histology to the Department of Practice.

Drs. C. N. Cooper and W. F. Reilly were elected to full professorships in the Departments of Materia Medica and Laryngology, respectively.

Dr. Chas. E. Geiser was made Lecturer and Demonstrator of Histology.

Dr. Charles R. Buck Lecturer on Physiology.

Dr. Ida E. McCormick was advanced to Demonstrator-in-chief in Pathology and Bacteriology, with Dr. Florence Pollock as assistant.

Dr. E. S. Wiggers was advanced to a Lectureship in Practice of Medicine.

A few other changes are in contemplation to reward workers already in the ranks, and to add to the staff of assistants in the various laboratories and clinics.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

The thirty-fifth annual meeting of the Hahnemann Medical Association of Iowa was called to order promptly at 10 A. M., on May 24th. The routine business of reading reports, auditing accounts, etc., was quickly attended to, and the Bureau of Ophthalmology and Otology was called. There were four papers on the program, and the author of each was on hand. The chairman, Dr. R. W. Honan, presided, and called Professor W. L. Bywater, who presented the practical side of the treatment of Adenoids. He was followed by Dr. William Woodburn, of Des Moines, on Otitis Media; by Dr. F. C. Sage, of Waterloo, on the "Frontal Sinus," while the chairman read a paper on "Ocular Injuries." All four were practical, and the discussions thereon occupied the entire forenoon.

At 1:30 P. M. President Montgomery introduced Mayor Sears, of Sioux City, who, in most felicitious words, welcomed the physicians to the city. Following this the Bureau of Obstetrics was called. The two most interesting papers were by Prof. F. J. Becker, of Iowa City, and Dr. J. F. Battin, of Onawa. Prof. Becker, with a pelvis and fœtal head on a table before the association, demonstrated how occipito-posterior positions should be managed. Dr. Battin read a good paper on the care of the Eliminative System During Pregnancy.

The next paper of especial interest and value was presented by Dr. W. T. Shepard, of Le Mars, subject, "The Hygiene, Sanitation and Climatology of Pulmonary Tuberculosis," and occupied the time until late in the afternoon.

In the evening the assocation met at the home of Dr. J. L. Hanchett, and, after listening to a report of the necrologist and presidents's address, spent a most enjoyable social evening.

After some business routine on the morning of the following day, the Bureau of Nervous Diseases was called, Dr. Erwin Schenck, of Des Moines, chairman. The first paper was by Dr. George Royal, on Cholera Infantum, which he designated a purely nervous affection. Prof. Johnson, of Cedar Rapids, then presented the subject, "Lesions of the Motor Path." The chairman read an excellent paper on "Nervous Diseases in General."

Eleven o'clock, the hour voted for election of officers, having arrived, the following were elected by the association:

President, A. P. Bowman, M. D., Sioux City.

First Vice-President, W. L. Bywater, M. D., Iowa City.

Second Vice-President, Ruth Marvin, M. D., Sioux City.

Secretary, W. Woodburn, M. D., Des Moines.

Treasurer, George Royal, M. D., Des Moines.

Delegates to American Institute of Homœopathy at Niagara Falls, P. J. Montgomery, M. D., Council Bluffs; A. P. Hanchett, M. D., Council Bluffs.

Delegate to Interstate Committee of American Institute of Homœopathy, J. F. Battin, M. D., Onawa.

The following resolutions were unanimously adopted:

Whereas, A plan for the establishment of an Institute of Drug Proving was presented to the American Institute of Homœopathy by Dr. H. P. Bellows, of Boston, and the subject referred to a committee with the request that it report at Niagara Falls next month; therefore,

Resolved, That the Hahnemann Medical Association of Iowa do most heartily endorse such a plan for drug proving; and,

Resolved, That the delegates of this body to the American Institute be, and are hereby instructed to use every effort to secure the adoption of the above-mentioned or a similar plan by the American Institute of Homœopathy.

Resolved, That a copy of the above be sent to the secretary of the Institute and to the chairman of the committee to which Dr. Bellows's plan was referred.

The afternoon session was taken up with the Bureau of Surgery, papers being read by Dr. W. E. Alton, of Fort Dodge, on "Pyosalpingitis; When Is Surgical Interference Advisable." Dr. A. P. Bowman, of Sioux City, read a paper on "Damage of Large Joints," Dr. J. S. Cron, of Cladbrook, on "Fractures." The Bureau of Gynæcology closed the meeting.

AMERICAN INSTITUTE ANNOUNCEMENT.

To the Members of the Profession:

It is our privilege and pleasure, calling on the journals that serve our cause to act as our trumpets, to once more sound the "Assembly" call for the coming together of our hosts of Homœopathy in national convention. This we do with as hearty satisfaction and confidence as could well inspirt a like summons. For we feel convinced that the program to be offered at the Sixtieth Annual Session of the American Institute of Homœopathy, to be held at Niagara Falls from the 20th to the 25th of June, will be, if not the finest, yet in the foremost rank of the finest, the most living, the most helpful program ever offered at a meeting of our national Society.

A close following of the papers and the discussions of this sure-to-be memorable week will constitute a post-graduate course in new and valuable medical teachings and research.

The Executive Committee have made it an object, in arranging the schedule of the meetings, to avoid bringing similar or even closely related subjects under discussion at the same hours or days; and they believe that this has been successfully accomplished. On only a single day, Tuesday, has it been found necessary to schedule two large Bureaus. Each Bureau, with this exception, has a day to itself. For all Sectional Society meetings, the fullest arrangements, both as to time and space for their work, have been consummated.

The growth of the Institute itself, and the growth in the medical world of specialization and specialists, have made Sectional Society meetings of high necessity and importance; and this fact will be found, as has been said, to have been fully recognized by the Executive Committee. But it has been also recognized that the whole is greater than any of its parts; that the members of the Institute owe to the Institute and to its prime objects a loyalty and a respect that they cannot in justice to themselves, the Institute, and the cause of Homœopathy at large, afford to neglect or minimize. Therefore the last two days of the session has been set aside for the consideration of the great subjects of prime and common interest to every member of the Institute, whose full name is the American Institute of Homœopathy.

It is proposed to take up the all-important subject of the reproving of our Materia Medica on the lines of the latest scientific research; possibly to discuss the feasibility of establishing an Institute of Drug Proving, and to judiciously consider the subject of posology. More vitally important than to the military expert the study of the most effective weapons of warfare, must it be to the Homœopathist to know on what weapons of his therapeutic armory he can most surely rely. It is Homœopathy and its Meteria Medica that have made us what we are. As we promote their dignity and advancement we shall promote our own. Let the attendance and the enthusiasm of the sessions of our last two Institute days demonstrate our practical recognition of this fact.

Never were there more cogent attractions offered for a record attendance at the Institute than this year. The place of meeting is known the world over for the magnificence of its natural attractions. It is centrally located and easily and comfortably reached; and as no American can afford to be ignorant of Niagara, our members may well rejoice in this opportunity to know the wonderful and historic old place at a less expense and under happier circumstances than may be again possible for an indefinite time. Proverbially, a "City of Hotels," the accommodations will be ample for all who may choose to come. For those who care to prolong a vacation so auspiciously begun, picturesque old Canada lies but a bridge's width away; and Buffalo, distant but a half hour, is a famous point of departure for the most interesting sights of that highly interesting part of the summer world. Our kind hosts have prepared much tempting entertainment for the Institute and its guests. Everything invites to a glorious week. Come one and all and help to make it so!

Nor come empty handed! Make the Institute, to which you owe so much, your debtor in turn, by bringing to it at least one application for a new membership. The world reads success in numbers; let it read in our proudly augmenting numbers of this year the growth of homœopathic ideas and practices!

John Preston Sutherland, M. D.

Boston, May 20, 1904.

Smoking Allowed at West Point.

Colonel Mills, the commandant of the West Point Military Academy, has, with the approval of the Secretary of War, issued an order permitting cadets to smoke during relief from quarters within the barracks limits. The order includes permission to the cadets to purchase pipes and tobacco at the post store. The object of this order permitting pipe-smoking at certain times and places is, it is said, to discourage the clandestine use of cigarettes which is now almost universal. When this order becomes generally known there will probably be a good deal of noise heard from the old ladies of both sexes who have no small vices and few great virtues.

The Danger of Being Alive.

Drink water and get typhoid fever. Drink milk and get tuberculosis. Drink whiskey and get the jim-jams. Eat soup and get Bright's disease. Eat meat and encourage apoplexy. Eat oysters and acquire toxæmia. Eat vegetables and weaken the system. Eat dessert and take to paresis. Smoke cigarettes and die early. Smoke cigars and get catarrh. Drink coffee and obtain nervous prostration. Drink wine and get the gout. In order to be entirely healthy one must eat nothing, drink nothing, smoke nothing, and even before breathing one should make sure that the air has been properly sterilized.—Southwestern World.

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Gynaecology.

THE USE OF THE SPRAY IN GYNAECOLOGY.

BY JAMES C. WOOD, A. M., M. D., PROF. OF GYNÆCOLOGY IN THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

In the American Journal of Obstetrics, Vol. XLIII., No. 3, 1901, I published an article entitled "The Use of the Spray in the Local Treatment of Gynæcological Diseases." In that article I said:

"There is a pretty general consensus of opinion that the usual local treatment of the catarrhal and inflammatory diseases of the female genital tract is unsatisfactory and unscientific. The continuous use of the vaginal douche, supplemented by medicated tampons of suitable material, will many times afford marked relief, and, if persisted in long enough, will accomplish a cure where the disease is not too deep-seated. However, the time required in the average case to bring about a cure by these methods is exasperatingly long, and there are few women who possess sufficient patience to persevere until all discharge ceases and the mucous membranes assume a normal condition."

Subsequent experience in the use of the spray for the treatment of those diseases of women coming under the head of catarrhal or inflammatory but confirms my belief that the physician who fails to avail himself of the spray is depriving his patients of a means of cure which is infinitely superior to the older methods. It is taken for granted that where it is possible to do so, removable causes should always be overcome before resorting to any form of local treatment. Again, to quote from the article referred to: "Such causes are uterine displacements, periuterine and appendicular diseases, cervical lacerations with ectropium, relaxations of the pelvic floor, inveterate constipation with disordered circulation, malnutrition, etc. It is, too, impossible to overcome the discharge so long as certain exciting causes remain operative; of these the various expedients used to prevent conception are especially to be mentioned. When any or all of the lesions enumerated are present the case is surgical and not medical, providing, of course, the interests of the patient are of first importance rather than those of the attending physician. Office treatments in these cases, like the babbling brook, go on and on forever, the intervals being succeeded almost invariably by relapses. As time progresses these patients become discouraged, not infrequently hysterical, and almost always extremely introspective. The indications are, when any of the causes enumerated exist, to remove them. Divulsion, curetting, trachelorrhaphy, reparation of pelvic floor, removal of rectal lesions, and, if necessary, the correction of an existing uterine displacement, will make further local treatment unnecessary.

Over and above the class of cases complicated by one or more of the foregoing lesions there are large numbers of women suffering from 'leucorrhœa' (an indefinite term suggesting various causes) who seek relief. Whether specific or non-specific, they expect relief without surgical interference. If specific, proper and timely treatment will prevent the disease extending through the uterus into the pelvis; if non-specific, after constitutional dyscrasiæ have been overcome, proper local treatment will cure the discharge.

With many other physicians I have long been dissatisfied with the 'swabbing and tamponing' process now in vogue. I think it was Dr. Skene who first suggested the use of the hand spray in gonorrhœal vaginitis, and, acting upon his suggestion, I recommended this treatment in the first edition of my text-book, published in 1894. When, in June, 1901, I removed my office to the building at present occupied by me, I found each office supplied with compressed air pipes of thirty pounds pressure. I therefore determined to experiment in a systematic way with the spray in the local treatment of the diseases of women.

I have now been using the spray for two years, and while I desire to modify some of the views expressed in the paper referred to, I also desire to emphasize my belief in the great utility of the spray in the conditions enumerated.

I again quote from the article:

"Given a case of 'leucorrhœa' I proceed as follows: If gonorrhœa is suspected the discharge is examined for the specific bacillus. Whether the case is one of specific or of simple origin, the parts are first thoroughly sprayed through a fenestrated speculum with a fifty per cent. solution of peroxide of hydrogen, which, after the excess of fluid is wiped away, will leave them perfectly clean and blanched. This is followed by the use of an antiseptic. I have found for the antiseptic that there is nothing better than a 25 per cent. solution of glyco-thymoline. The bichloride of mercury, even in the weaker solutions, is too irritating when used in this way, and is not as effectual as are solutions containing eucalyptus, thymol, boric acid, etc. Should there be hanging from the cervix a tenacious, white-of-egg discharge, which is so hard to dislodge by ordinary methods, an alkaline spray, such as is used by the nose and throat men (Do-

bell's solution is one of the best), will quickly dissolve it and clear the cervix in a most thorough manner.

"Thus far the treatment is routine. If, now, the catarrh is specific, it is followed by a spray composed of a five per cent. solution of protargol, care being taken to apply the spray over the entire vaginal and cervical mucous membrane, as well as to let it play upon the external os. With the pressure at my command the spray will penetrate, unless the os is very small, the entire cervical tract. In order to reach all of the vaginal mucous membrane a fenestrated speculum is at least a great convenience. It should be withdrawn and reintroduced in a slightly different position, so that no part of the vaginal mucosa will escape the spray. The same end can be accomplished by means of a bivalve rectal speculum controlled by an assistant. Should the urethra be implicated, both the cleansing and the medicated sprays are forced into the meatus, pressure being made with the finger upon the bladder end of the canal, in order to prevent vesical infection. If Skene's glands are involved these are treated in like manner. The vaginal walls are now kept apart by a good-sized lamb's wool tampon medicated with a ten per cent. glycerine solution of ichthyol. The patient is instructed to remove the tampon and take a 1.4000 bichloride douche before again presenting herself for treatemnt. The treatments are made from two to seven times a week, according to the acuity and intensity of symptoms, and are persisted in until all discharge ceases and all gonococci disappear, which will require from one to four weeks. Should the disease have invaded the uterine cavity curettage is, of course, often called for. Cases are occasionally met with in which, at the onset, the symptoms are too intense to justify any local treatment other than the douche, sitz bath, etc. I have entirely discarded, since using the spray, the so-called 'dry treatment' of vaginitis."

In non-specific catarrhal affections, greater latitude, after the parts have been prepared by the peroxide and antiseptic sprays, should be indulged in in the selection of the local medicament. If the discharge is purulent and the cervix abraded, there is nothing better than calendula officinalis forced into the tissues in the form of a fifty per cent. glycerine solution, and followed by a tampon saturated in the same preparation. If the leucorrhœa is profuse, stringy and tenacious, and especially if the glands of the cervix are involved, the aqueous extract of hydrastis canadensis should be substituted for the calendula, prepared and applied in exactly the same way, the distended cervical glands being first punctured. If the periuterine tenderness is marked and there are inflammatory deposits with hyperplasia, the ichthyol tampon has proved most serviceable in my hands.

My object is not so much to give the medicaments used by me as to call attention to the method of applying them. The treatment of each individual case will, of course, vary according to the indications, and each physician can select his favorite remedies and apply them with infinitely more satisfaction than is possible without the spray. I am curing these unnatural discharges in less than half the time required under the older regime. When one takes into consideration the glandular structure of the tissues involved, and realizes the force by which the spray under a pressure of thirty pounds is delivered, it is not difficult to understand why this is so. My only wonder is that the spray has not been generally utilized for this purpose, especially in view of the fact that the nose and throat men have for years found it so useful in the treatment of the catarrhal affections of the respiratory tract. The ordinary hand spray is of but little value, because of its limited air pressure. Air tanks such as the nose and throat men use, can now be had at comparatively small expense, and will answer every purpose. I have a series of the Davidson atomizer and find them very satisfactory for gynæcological work. For solutions used but rarely it is well to have a small metal atomizer, so that a small amount of the medicament can be brought into action when required. Cocaine can be most effectually applied to the mucous surfaces by this method.

I use the spray in the treatment of rectal and sigmoidal diseases, applying it through the Kelly proctoscope, with the patient in the knee-chest posture. One can, by means of reflected light, get a perfectly clear view of the mucosa of the sigmoid and descending colon, and in chronic sigmoiditis the greatest possible benefit will often follow local spraying of the gut.

The spray will also be found exceedingly useful in the treatment of gonorrhœa in the male. Unless one has tried the experiment he can form no conception of the manner in which it is possible to penetrate the urethra with a stream of compressed air properly directed. It is possible to thoroughly "blow out" the urethra for at least two inches of its length, using an antiseptic solution, after which a two per cent. solution of protargol can be used exactly as in the female urethra.

I believe that attacks of gonorrhœa can be abated and cured more quickly by this treatment than any other.

My only excuse for quoting so freely from my first article upon this subject is to again call the attention of the profession to this method of local treatment.

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PERITONEAL ADHESIONS AND BANDS AS ETIOLOGICAL FACTORS.*

BY O. S. RUNNELS, A. M., M. D., INDIANAPOLIS, IND.

Supplementary to the discussion of adhesive peritoneal complications I desire to consider some phases of the question that have not been sufficiently recognized. What an intuitively beneficent tissue the peritoneum is we have but slowly realized. That it is an instinctive defender of the life interest we have gradually come to understand and admire. In the early days of abdominal surgery it was looked upon, practically, as forbidden territory, as tissue

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almost too delicate and intolerant for manipulation. All surgeons stood in awe of it, and awaited with utmost anxiety its behavior after operations within its cavity. Gradually, however, this extreme tension was modified. As the lesson of asepsis was learned, it was found that the original speculations concerning the touch-me-not nature of the peritoneum were groundless, and that faultless technique had nothing uncommon to fear from the peritoneum. It was found, further, that a new era in vital physics had been opened up, that phenomena hitherto unknown had been discovered, and that valuable additions to the sum of knowledge had been acquired. It was acknowledged that in the habits and performances of the peritoneum were portrayed new evidences of subconscious intellect and cerebration; or, stated otherwise, that the abdominal brain was always attentively thinking about its business.

Let there be some accident upon the peritoneal plane at any point, some invasion inimical to its well-being, such as traumatism, the imposition of sepsis, or strangulation, and immediately adhesions will occur between all the surfaces in that particular region; all the available omental tissue (floating peritoneum) will come to the scene in double quick, and tamp or pack itself into every interspace or against every weak place in the wall of defense till a complete barricade is made, and the menacing thing is hedged against and shut out. I say, if time be granted and the area involved be not too great—wherever it is possible—the peritoneum is thus utilized, and the most brilliant example of what is known as "natural therapeutics" is witnessed. Not only is a natural quarantine thus established, but it is maintained through all the vicissitudes and requirements of the case history, till the abscess or cyst is evacuated or removed; and then, the need having ceased, the conglomerate of tissues thus formed will spontaneously give up its hold, each particular surface will deglutinate or unglue itself from its fellow, and going back to its place will resume its natural function, thus closing the incident.

But it is not always that such a happy termination is reached. Sometimes the incubus is imposed for such a length of time that the tissues adherent will so far lose their individuality as to become indistinguishable, or will form such an intricate part of the plastic union, as to make unaided separation impossible. Even this abnormal relationship may occasion no immediate inconvenience or symptom, but may remain quiescent for months or years, even until the primary lesion has been forgotten, and then develop pathogenetic ability and become an agency for evil of great magnitude.

I do not need to remind abdominal surgeons how prevalent adhesions and bridles are in the peritoneal cavity, nor how, in almost every operation, they are found in greater or less extent; neither is it necessary to explain the requirement of their separation or excision, or to comment on the abatement of the symptoms that they have been partially or wholly responsible for, inasmuch as these incidents are commonly encountered by every laparotomist in in that great class of cases in which adhesions and bands serve only as complications; I mean cases of fibroid, cyst or progressive inflammation that are perceptible, palpable and readily diagnosed.

It is not, I repeat, upon the role played by adhesions and resultant bands in producing complications with palpable and readily recognized neoplasms or degenerations that I desire to fix your attention, but upon the part played by them as principal factors in very many obscure abdominal maladies of doubtful or conjectural diagnosis. I purpose to center your thought upon symptoms that are due exclusively to adhesions or bands or bridles and that exist alone, symptoms that have remained after the disappearance of the causal lesion and that have represented from that time forward the entire malady.

Certain bands are congenital and remain as vestiges of prenatal processes, such as the bands or strings pendent from Meckel's diverticulum; other adhesions or bands are results of traumatism or of acute inflammation long since extinguished. In these cases the initial lesion has wholly vanished and nothing has been left but cicatricial remains, which, in a manner, wholly unexplainable, have been entirely quiescent, occasioning no symyptomatology through all the long sequence, perhaps for many years, and have then slowly developed and contracted into bands or cords of inimical importance. The initial difficulty may have been an inflammatory focus more or less pronounced that impressed itself so strongly upon the memory as not to be forgotten; or it may have been a traumatism from the impact of a blow or fall received upon the abdomen, of such inconsequence as to be recalled with difficulty, or to be wholly forgotten in a brief time; but in either case after indefinite time, pathology may have developed from the bands or adhesions that were originally formed and not obliterated, that may be responsible for all the functional symptoms encountered in a given case. These embarrassments may have continued for such a length of time as to lose their functional character, and, thereafter, to represent organic difficulties very complex, hard to define and frequently to treat.

These instances have now been encountered so often as to enable us to systematize our knowledge somewhat and to recognize in practice, from the groups of symptoms presented, four varieties, all of common adhesive peritoneal origin. 1st. Symptoms of localized pain and functional disorders but without any palpable evidence of tumor or malign growth. 2d. Symptoms of intestinal strangulation in all its forms, ileus, volvulus, intussusception, etc. 3d. Typical symptoms simulating perfectly the symptomatology of this or that well known affection of the abdomen, such as appendicitis, degeneration of ovaries or tubes, cholecystitis, etc. 4th. Symptoms long borne and neglected attendant upon an adhesive mass that has undergone degenerative changes ending in sarcoma, carcinoma or tuberculosis.

I do not wish to have you to infer from the classification just given that these distinctions are universally established before an open exploration is made, or that it is a matter of such common knowledge in the profession that every one abreast of the times in diagnosis should be able to tell in advance

what variety of adhesive complication is confronting him, or whether, in fact, the malady is dependent or not upon bridles and adhesions for its primary and sole cause; for these distinctions are made very often upon the operating table only, and convey lessons to the operator and his assistants alike. But sufficient may be gained from a case-history, recent and remote, to establish strong probability and to fix with certainty, in some cases, the gross cause of the difficulty. Everyone, therefore, should be so schooled in the recognition of these phenomena as to realize at a glance when he is confronted by an intra-abdominal malady wholly beyond the pale of medicinal influence, and should be able to spare himself the stigma and blame commonly attached to a sentinel on the guard line asleep at his post.

Some of the symptoms are pathognomonic, such as persistent pain at a given point unattended by disturbances of temperature or pulse; the pain may be continuous or periodic, but has extended, perhaps, through long time and is getting worse, is accompanied in the protracted cases, especially if situated in the right hypochondrium, by attacks of vomiting, which are commonly ascribed to gall-stone colic; or the whole manifestation has been sudden and without any antecendent history, intestinal peristalsis has been reversed and bowel passage suspended, thus making it a question of ileus, intussusception, knuckle or cross-bar wholly insurmountable by drugs; again, the bridle or hitching strap may be attached to the fundus uteri thus forcing the uterus to a fixed position in one side, and so confusing the examiner as to cause him to make the false diagnosis of extra-uterine pregnancy.

The details of a few of my clinical experiences will enable me to sketch the subject more clearly, and to give in fuller view the practical features of the problem:

A farmer, fifty years of age, always healthy, had no recollection of accident or illness affecting the abdomen, save possibly a fall from a load of hay ten years previously, that had lamed him slightly in the left flank for several days. Present illness began almost imperceptibly four months before with uneasiness and pain on a level with and three inches to the left of the navel. As pain increased from week to week, the bowel actions became more and more difficult, and finally unattainable, at the same time the stomach lost function, peristalsis was reversed and defecation was performed by way of the mouth. No fever or disturbed heart action was discernible at any time during his three months' illness. He became very emaciated and weak, and when thirty-two days had passed without any expulsion of fæces or gas from the rectum, I was called in consultation. He had persistently refused to follow the advice of his doctor for surgical treatment, and had only consented at last because he foresaw that he could not live any longer without help. Exploratory operation revealed a mass of adhesions, loops of ileum and portions of the omentum around the descending colon, at the superior angle of the sigmoid flexure together with intussusception of the colon at the same point. These adhesions were easily divided and disengaged, the telescope of the colon was drawn out and the obstruction to the bowel canal wholly removed. His long enforced starvation and exhaustion forbade recovery, and he died the day after the operation from shock. Liberation of the bowel at the opportune time would have made his recovery an easy attainment.

A woman, age 35, of usual good health, had been suffering at intervals through several months, from severe pain in the left hypochondrium. She gave no evidence of enlargement or tumor or sensitiveness to pressure at the site of the pain during its early history. She could recall no experiences, either inflammatory or traumatic, that could have a bearing. Finally, the morbid pace quickened, stools were difficult and at last unobtainable; vomiting, at first intermittent, had become continuous and finally stercoraceous. Singularly, there was no tympanites below the level of the navel, the abdomen presenting concave rather than convex, while above the navel gaseous distention was extreme, crowding the thoracic organs. Intra-abdominal exploration revealed a filamentous band an inch and a half broad across the upper third of the ileum at the splenic angle of the colon. This band had attachment to the meso-colon at one end, and at the other to the meso-ileum, but was centered in such a mass of adjacent exudate as to effect completely the stricture of the ileum. Division of the band and separation of the neighboring adhesions solved the difficulty, and the woman recovered perfect health.

The case of Sergeant Meredith, at Camp Mount Military Hospital, in 1898, previously reported in my paper on Meckel's Diverticulum (read at the American Institute in 1902), was one in which the ligamentous band pendent from Meckel's diverticulum had made attachment to the parietal peritoneum near the right iliac crest in such manner as to form a small hoop or foramen through which loops of ileum had been forced, carrying with them the cæcum and ever-present omentum, till the foramen was stoppered or corked, after which contraction of the band upon the intestinal sheaf began and strangulation of the whole bunch was completely effected. Division of the band relieved the peril and made continued life possible. To prevent repetition the diverticulum was removed as was also the appendix vermiformis, the latter being apparently sphacelated from the choking it has suffered in common with the rest of the tissues. He had an ideal recovery.

This case had presented for three days prior to operation the usual history of appendicitis accompanied by obstruction, and had made record through the years of many crises of pain in the McBurney region, lasting sometimes for days, with diarrhœa, indigestion and vomiting.

A woman, forty years of age, mother of several children, and always in the best of health, was kicked by a cow, the blow being received upon the extreme left side of the abdomen midway between the tenth costal cartilage and the crest of the ilium. She suffered much from it at the time, and there remained pain and tenderness at the site for many months. Ever after, for seven years, she had crises of pain occurring every few months and lasting for indefinite periods of time. Finally, a distinct tumor was discernible, which grew rapidly in the space of eighteen months to enormous proportions, increas-

ing her girth-measure from twenty-six to fifty inches. She had no bowel complications, and the pelvic organs were entirely innocent of morbid process. Several surgeons diagnosed "ague cake," enlargement of the spleen, and refused to operate. Upon opening the abdominal cavity I found a solid tumor weighing, when removed, 45 pounds. It had a pedicle as large as my wrist, attached to the parietal wall at the site of the kick by the cow, and was complicated with extensive adhesions of intestines and omentum. After very laborious blunt dissections, and the ligation and removal of almost the entire omentum, the liberation was finally effected and the mass removed. The tumor itself was very friable, and came away in large segments. She outwitted all the bystanding pessismists, and not only lived to get off the table but made a good recovery, leaving the hospital in four weeks. She regained good health, but a year later there was development of a general tuberculous condition within the abdominal cavity, the intestines being cemented together and to the abdominal parietes, as was shown at the autopsy. There can be no doubt in this particular instance of the close causal relationship between the traumatism and the resultant adhesions, nor of the part played by it finally in exhausting the forces of the patient.

Similar to the last case in many respects, although we could get no recollection of traumatism, was the case of Mrs. W., the patient of my friend, Dr. J. D. George, of this city, on which we operated for abdominal tumor, and found nothing but universal peritoneal adhesions. There has been history of decline for many months, several physicians had treated her under different diagnoses, but all to no avail, as her abdominal ailment continued to progress from bad to worse. At first it seemed to be due to "inflammation of the liver," next to "inflammation of the spleen." Temperature and pulse were disturbed from the first, sometimes running high, and she had great tenderness over the entire abdomen. There was more or less gaseous distension with gradual enlargement and induration of abdomen. She had persistent cough, had high afternoon fever and night sweats, and all the expressions of first-stage tuberculosis, but with no foci in the lungs. At the operation, which we all considered to be but an ante-mortem, the adhesions were dense and universal; not only the bowel loops and the omentum were joined together in an indistinguishable mass, and this to the wall of the abdomen at every point, but there was a general appearance of degeneration. The peritoneum was thickened by plastic deposits, was green in some places, very dark in others, and here and there within the adhesive mass it had degenerated into small lakes or ponds of milky fluid resembling pus. Blunt dissection with the fingers was patiently carried on for an hour or more till her endurance was considered exhausted and it was doubtful if we could get her from the table before her last breath. There were still many adhesions that had not been broken up, and the whole situation was too forbidding for further pursuit, as it seemed certain that she could not survive for many hours. However, gauze drainage was employed everywhere between the loosened tissues, the abdominal wound left freely open, and her death immediately expected. She reacted remarkably, began to improve from that hour and recovered her health. Five years have now elapsed and the cure is still maintained.

I have spoken of the embarrassment encountered by the uterus in gestation when tethered by peritoneal bands, and this is so practical that I must add briefly to this my experience in one or two such cases.

The late Dr. W. F. Curryer, Secretary of the Indiana Board of Medical Registration and Examination, brought to me for operation what seemed to be an undoubted case of ectopic pregnancy in the fourth month. The mass, as large as a good sized cocoanut, was firmly fixed to the right half of the pelvis; she had had frequent crises of pain with very pronounced feeling of faintness and discharge of blood in small quantities per vaginam. When she reached the hospital she was having regular pains as if in the beginning of labor; the least pressure over the tumor caused suffering and rupture of the tube, and all that that implies under such circumstances was believed to be imminent. After hasty preparation we opened the abdomen and found the fœtus in the uterus, the tube being normal, but in the right side of the fundus was an intra-mural or rather subperitoneal fibroid two and a half inches in diameter, to which and the uterus in common, was attached a broad adhesive band that tethered the organ fixedly to the right pelvic wall. Nothing was done but to divide the band, the tumor being left for subsequent treatment if called for. She made a quick recovery from the operation; all teasing and nagging of uterus ceased; she completed her gestation without further trouble, and had normal delivery.

Another case almost identical with this occurred in the practice of my friend, Dr. J. O. Wehrman, of this city. The woman was over four months pregnant, the uterus was drawn tightly to the left side, and she had suffered from the beginning of gestation with excruciating pains in that region. These had become unbearable, had assumed periodic type and labor-crisis seemed to be imminent. Upon making laparotomy I found only a band attached to the fundus that had been responsible for the whole matter, as all the trouble was removed by its division. She completed her gestation in good form, and had normal delivery.

Only a month ago I operated for a very excellent practitioner of another school, who had diagnosed ectopic pregnancy at the sixth week. I performed laparotomy. In this case also the fœtus was in utero, but the uterus was drawn to the right side by adhesions resultant from combined degeneration of ovary and appendix vermiformis. Both of these diseased tissues were removed. The patient is now at home from the hospital, and the gestation is progressing without further embarrassment.

Enough has been said to show the great prevalence of these phenomena, and to emphasize the necessity for their prompt recognition and rational treatment.

It would be less confusing in all cases if a definite and fully sketched outline could be furnished from

start to finish of the incidents and accidents that have had bearing upon the peritoneum some time during the life in question to account for the original formation of these adhesions and resultant bands; but this part of the case-history is frequently wholly lost, except as it can be interpreted and written out or reproduced by translating the meaning of the adhesions or bands when found. For these are always the remains or vestiges of peritoneal experiences that may or may not have been attended by inflamatory process of such magnitude as to leave impress upon the memory. How easily and quickly peritoneal surfaces will agglutinate without manifesting symptoms of severe inflammation or undergoing any putrefactive change we have witnessed very frequently after abdominal operations. Any influence that can paralyze or put at rest even for a few hours two peritoneal surfaces that are in contact may be sufficient to glue them together hard and fast, for all peritoneal surfaces have just about as much adhesive quality about them as has the sticky side of ordinary fly paper on a warm day.

It is necessary to bear all this in mind when confronted by cases of rebellious intestinal colic attended or not by severe vomiting and bowel obstruction; also in all cases of difficult or conjectural abdominal diagnosis where the cause of the malady can not be stated with a fair degree of probability. It should never be forgotten that here is a class of cases primarily and practically independent of all disease-processes and wholly beyond the range of drug influences.

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Otology.

PERFORATIONS OF THE MEMBRANA TYMPANI.

BY PERRY DICKIE, M. D., BROOKLYN, N. Y.

There seems to have existed from time immemorial a general impression in the minds of the laity, which also to a certain extent has permeated the medical profession, that with a solution of continuity of the membrana tympani in any degree whatsoever all perception of sound becomes an impossibility. Further that as a necessary result of this perforation of the drum membrane all hearing perception ceases and cannot be regained until its closure is effected. That these are false ideas the aurist is fully aware, although the notion still seems to cling to many, and a statement of the true condition seldom fails to occasion as great a surprise as if the actual occurrence of a miracle were related.

In many cases of perforation, even when involving the whole structure of the drum membrane, little or no loss of hearing is complained of, except possibly for the lower tones. On the other hand, in some of these same cases, where a closure of the perforation by a healing process has resulted, the hearing has become worse. Again it frequently happens, especially in the dry forms of aural catarrh, that an incision of the membrana tympani is followed by an improvement of the hearing.

Therefore efforts have been made by various aurists to effect a permanent opening whereby the desired relief might be obtained. However, to maintain an artificial perforation such as this has ever been an impossibility, since invariably in but a short time it will heal, resulting in a return of the deafness to a stage fully equalling its former severity. While on the other hand perforations, especially those of pathological origin, will frequently remain open, notwithstanding the most faithful efforts made to effect their closure.

Perforations of the membrana tympani, not including operative, may be divided into two forms, depending on their causation, traumatic and pathological.

The former of these we attribute to agencies such as:

Direct injury from sharp instruments or other objects introduced into the external canal, either as the result of unskillful treatment on the part of the physician or in efforts to scratch or cleanse the canal by the patient.

Indirect injury by the sudden condensation of air within the meatus, as when one is in the vicinity of a loud explosion. Also, in the case of children, the pernicious practice of boxing the ears or pulling them, when the traction is very apt to cause a rupture of the membrane.

In all cases where the injury has not been sufficiently severe to cause an inflammation of the middle ear, or where no septic matter has been introduced into the tympanum by means of which a purulent inflammation may be set up, a perforation will heal in a very short time—possibly twenty-four to thirty-six hours—with, as a rule, no serious after effects. But in such cases a perfectly normal after condition rarely can be expected.

The treatment for the traumatic form of perforation when extraneous matter has not been introduced and the canal is clean is a simple procedure; all that is necessary being the insertion of a plug of cotton in the canal for a day or so. On its removal the rupture usually will have closed, and no signs of the accident will remain except a small, dried blood spot, followed later by a thin linear cicatrix, or even in some cases a normal appearance will remain.

When, however, dirt or septic matter has been introduced into the wound the condition becomes more serious. In such a case the ear and canal must be cleansed by an antiseptic solution, as Bichloride 1-5000, or salt and boiled water 1-100, to which a few drops of Formalin or Carbolic acid has been added. After a thorough cleansing the ear and canal must be dried and a plug of cotton inserted to remain until next examined by the physician. The after treatment must depend entirely upon the conditions following the accident.

A pathological perforation may be the result of various causes, but especially from an inflammation of the drum membrane whereby a destruction of tissue occurs. A condition of similar nature may also exist in strumous or tuberculous subjects, where, although a preceding inflammatory process may not be apparent, yet destruction of the membrane ensues. The most common pathological factors, however, in causing a perforation of the membrana tympani are the suppurative inflammations of the middle ear, either acute or chronic. In

the former variety, while such is of frequent occurrence, it is not inevitable, but in the latter it is an ever present lesion; in fact, one of the essential accompaniments of the disease.

Perforations of the membrana tympani that occur in acute suppuration of the middle ear, either spontaneous, due to a formation of secretion in the tympanum, or operative from paracentesis, heal possibly in from a few days to several weeks. These appear later on examination as sharply defined dark spots and are usually somewhat depressed.

In the chronic form of suppurative ear disease a healing of the perforation by cicatrization is not so common, and the condition may be permanent, especially when the edges of the opening have become epidermized owing to an extension of this form of tissue from the outer layer of the membrana tympani. In this paper we propose to devote our attention more especially to that form occurring in chronic suppuration of the middle ear.

Perforations vary in size from that of a pinhead to the complete destruction of the whole membrane. Likewise their forms differ, being round, oval or elliptical, kidney or heart shaped from the projection of the malleus into the opening; but no two are alike, and are dependent entirely upon the destructive process that has taken place.

As a rule perforations are single, and when we find more occurring in a single membrane, as two or three, we may suspect that a tubercular condition is present and the cause of the destruction. We would say, however, that the greatest loss of substance, as a rule, occurs when the perforation is an accompaniment of scarlatina or the result of the tubercular process.

The location of the perforation, although it may occur in any part of the structure, still is more frequently situated in the inferior quadrants, either anterior or posterior. We may also find perforations situated in the pars flaccida, or Shrapnell's membrane, just above the short process of the malleus.

Proceedings aiming to close perforations of the membrana tympani have been most numerous and varied, but in the large majority of cases have proved ineffectual; still, it is a possibility, as success occasionally has attended our efforts in the attempt at closure. But at all times before we make any efforts to accomplish this result the following points should be borne in mind:

No doubt from a normal standpoint an intact and closed membrana tympani is essential to the integrity of the ear, and while not absolutely necessary for the maintenance of the hearing function, yet it is an important agent for the protection of the tympanum from the deleterious effects of cold, dust and various other extraneous influences. Still, it must not be forgotten that in some cases the closure of this opening by cicatrization may cause a decided impairment of the hearing. This we find to be especially so when any obstacle to the conduction of sound exists in the malleus or incus, or when the conduction between the incus and stapes is in any way broken. This impairment of the hearing, which occurs after a closure of a perforation in the membrana tympani, we may attribute to a prevention of the passage of sound waves from coming into direct contact with the inner osseous wall of the tympanum and membrane of the round window.

Therefore before an attempt is made to close a perforation in the membrana tympani we should ascertain what effect this closure will have on the hearing. This we can learn by covering a small perforation with a drop of glycerine applied on the point of a probe, or by the application of a piece of moistened paper introduced in the same manner. Should the foregoing measures result in an improvement of the hearing it is therefore an indication to make an effort at least to close the perforation in the membrane. On the other hand, if the hearing is diminished we should leave the present condition alone and regard the perforation as essential.

Of the methods that have been advised and tried for the accomplishment of this end, as I have said before, in most cases they have been fruitless. Incising the edges of the perforation, touching its edges with Nitrate of silver, covering it with a piece of paper, transplanting skin from other parts of the body and applying it, or this same procedure carried out with the cornea of rabbits or the skin of hen's egg, all of these have proven useless in the hands of the aurist and are things of the past.

That method which has given the best results hitherto, and which is now practiced to effect the healing of a perforation in the membrana tympani, is by means of the application of Trichloracetic acid to its edges. This treatment, however, is contraindicated in very large losses of substance, and when the membrane is deficient in its entire extent, as well as in the case of a perforation occurring in Shrapnell's membrane, under which circumstances such a proceedure is not advisable.

The method of treatment is the following:

The membrane anæsthetized by a plug of cotton, which has been soaked in a ten per cent. solution of Cocaine and inserted into the canal and left in contact with the parts for ten minutes. This accomplished a probe cotton wound, having been dipped into a concentrated solution of Trichloracetic acid and the excess wiped off, is passed into the canal—of course under inspection with good illumination—and gently applied to the edges of the perforation. As a result of this there is produced a white eschar.

These cauterizations should be repeated once a week, the number of applications necessary, varying according to the size of the perforation, may require from two or three to a dozen or more. In some cases this procedure will set up a mild form of middle ear suppuration, when the application should be stopped until a subsidence occurs. After which a weaker form of the solution should be used of a strength not sufficient to produce a recurrence of the trouble.

Arnica in Tinnitus Aurium.

Dr. Wilde, of Dublin, in a treatise on diseases of the ear published in 1856, recommends Arnica Montana tincture in tinnitus aurium, saying that no other remedy has proved so useful. Hahnemann's pathogenesis gives "noises in the ear caused by rush of blood to the head."

Practice of Medicine.

SOME REMEDIES IN RHEUMATISM.

BY LAURA J. BROWN, M. D., LINCOLN, NEB.

While such great progress has been made in the prevention and treatment of small-pox, diphtheria, tuberculosis, and other appalling ills, that they have lost their terrors for the more intelligent, the less dreadful, but not less painful disease, rheumatism, stalks abroad with no Quixotic medical man to say him "nay."

Until the etiology and pathology of rheumatism is more definitely determined, we will be unable to say why a remedy or measure which relieves pain in one individual is of absolutely no avail in another seemingly similar case.

In acute articular rheumatism, the remedies which relieve the conditions are quicker in their action and more satisfactory in results, hence requiring less study. It is to the remedies used in the long-continued or frequently recurring attacks of so-called rheumatism that we will give the greater consideration in this paper, and, we trust, in the discussion which follows.

Aconite gives most excellent results in acute cases where fever is active, pulse full and strong, great restlessness and thirst. Its administration is often followed by moist skin, with perspiration less acid in odor, and a rapid convalescence.

Bryonia patients have less violent fever, more œdema, especially in joints, which are hot and dark or pale red. There is less tendency of the pain to shift about, and less restlessness than in Aconite. Motion augments the action of the heart, which is already increased in force and power, and renders pain more intense. The tongue is thickly coated white, or dry, with white streak down center. There is nausea on rising and constipation.

Involvement of the thorax leads us to consider Bryonia on account of its action on serous tissues. Its usefulness is often demonstrated in pericardiac, pleuritic or pneumonic complications.

Rhus toxicodendron is more especially indicated where the fibrous tissues, including aproneuroses, tendons of muscles and ligaments about joints are involved. Rhus is useful whether the tendons be inflamed from over-exertion or from sudden wrench or sprain. If the patient has been very warm from over-exertion, and free perpsiration be checked by rain or dampness, Rhus will be indicated.

The keynote, aggravation from beginning and relief from continued motion, may have its exception in lumbago, which calls for Rhus in the early stages whether motion relieves or not.

Stiff neck from sitting in a draft may call for Rhus, but if the pain is in the body of the muscles give Bryonia, and know you will get results.

Arnica is useful in those cases brought on by over-exertion, where the chief symptom is a sore, bruised feeling in the body of the muscles, aggravated by motion. If Arnica symptoms fail to be relieved by that drug, Ledum may be indicated. The soreness of Ledum is as if the muscles were out of place. Ledum pains begin in lower extremities, and tend to pass upward. There is less hyperæmia than under Arnica.

Mercurius is indicated where the pain is persistent in a single joint, and is of a burning, tearing, deep-seated nature, as if the periosteum were involved. All symptoms are aggravated at night by warmth and from sweating.

The fever is high, tongue heavily coated yellow and takes the imprint of the teeth. The breath is offensive, appetite gone, and bowels catarrhal.

The perspiration symptoms are of aid in determining the proper selection of the remedy. We will observe that the Aconite and Belladonna patient is better from sweating, the Mercurius worse, while the Thuja patient sweats only on exposed portion of body.

Colchicum may be compared with Mercurius in the night aggravation; but there is this difference, that the Colchicum patient grows worse earlier in the evening. Both remedies have the deep-seated pains in winter, but in summer the Colchicum pains become more superficial. The aversion to food under Colchicum is so great that even the odor annoys. The urinary symptoms are characteristic. Urine scanty, red, with burning along urethra. There may be pericardial effusion, fullness and oppression, preventing the patient from lying on left side.

In Colocynth we have the peculiar symptoms of pain better from lying on the affected side. The Colocynth patient will complain particularly of the right side. His favorite position is lying on that side with thigh flexed. The pain is dull, stitching during walking, may extend to knee, even to heel. There is a feeling of heaviness, numbness or partial paralysis of whole limb. If of long standing the nutrition of the limb may be affected.

The abdominal symptoms of Colocynth must be compared with another valuable remedy, the last drug we shall consider.

Colocynth centers especially about the right inguinal region, but Cimicifuga is less local in its involvement, affecting all the lower part of abdomen and radiating down the limbs. The body of the muscles seem to be more affected by the drug, the pain centers about the uterus. The drug is particularly indicated in neurasthenic individuals. There is a disposition of irritable nervousness. The heart is either too fast or too slow, there is a general feeling of apprehension with no real cause driving the patient to despair.

In clinical experience we have strayed in many instances from the "single remedy" theory, and combined with the indicated drug the use of static electricity, in every case being delighted with the result. The patient is connected with the negative pole of the machine, while the positive static spray is directed toward the spinal nerves as well as over the affected area for from ten to twenty-five minutes. The general effect of static electricity is to stimulate the metabolism of nerve cells, increase the assimilation of food, and render more active the eliminating organs, all of which is of inestimable benefit to rheumatic individuals.

PARATYPHOID INFECTIONS.

BY JOSEPHINE M. DANFORTH, M. D., CLEVELAND, O.

This is truly the age of germs. The discovery of germs or bacteria, as a cause or active factor in many diseases, has given tremendous strides to a new field of activities developed under the head of preventive medicine. Knowledge of a cause is a powerful weapon and just as potent for good as knowledge of a cure, or simply alleviation, which is too often the limit of our ability in this direction. The further development of this part of medicine, I believe, still has wonderful revelations to make to us.

Donald Ross, a military surgeon to India, gave to the world a discovery which in time will cause the dreaded malarial fever to be but a name and a fancy. His work was colossal, because of the tireless patience and persistence necessary to demonstrate the presence of the malarial organism in the body of the mosquito. Think of the delicate technic and the time requred to secure, prepare and section hundreds of varieties of mosquitoes, and to trace through the larvæ and into the salivary gland in connection with the proboscis, the parasite of malarial fever.

Dr. Walter Reed demonstrated that yellow fever is conveyed in the same way, and through his industry yellow fever is banished from its stronghold on Cuban soil.

A few years ago chemical symptoms alone were available for diagnosis, today we know that chemical symptoms of many diseases so simulate each other that the keenest observer may make a diagnosis which bacteriological or hematological examinations may prove to be wrong.

Of course, time in many instances, clears up the difficulty experienced the first few days, but time, too, is most precious, and to be forced from day to day to shift one's opinions becomes not only embarrassing to the physician but dangerous to the patient, and altogether too advantageous to the consultant, who is often called in just when everything is ripe for diagnosis, and so the utilizing of all bacteriological means at the earliest moment possible becomes of the greatest importance.

An interesting case in illustration has come recently to our notice. The patient, a young man of twenty-two, came down February 1, 1904, with apparently a severe attack of grippe ushered in with a violent chill. There was intense aching in the lumbar region, the pain going through to the abdomen. Nothing seemed to give any relief. Great prostration and extreme nervousness with twitching of groups of muscles were early and persistent symptoms. Headache of a throbbing, beating character, the temperature the first two days rose to 102° at night, dropping to normal in the morning, but on the third day it only dropped to 101.3° rising at night to 103.3°. It continued remittent the first two weeks and then became intermittent until the end of the fourth week, when there was a distinct crisis. The fifth week a slight rise was noted at night, becoming normal or dropping slightly below in the morning. The aching of the back followed the temperature, being greatest at its height. There was no vomiting and no epistaxis. Rose spots appeared later in the attack but were not well defined. The spleen was enlarged. Heart and lungs normal. The pulse was always slow in proportion to the fever, running from 60 to 72, and this only the first week, remaining about 60 after that. In a few days profuse sweating developed, and this continued at intervals of every day or so until convalescence was established. These sweats were most debilitating. The bowels remained constipated throughout the attack, with some pain and tenderness in the ileocæcal region. The tongue was heavily coated with a yellow coating the first week, then became very red. Nervousness was most marked throughout. On the fifth day the urine was examined. Diazo reaction negative. Trace of albumen and a few epithelial casts. February 7, Widal and diazo reaction negative. February 10th and 17th, blood examined for malarial parasite. Result negative. February 21st, examination of blood showed "no malarial parasite; no broken down red cells; no free pigment in plasma; no pigmentation of leucocytes; no degeneration of red cells; no indications whatever of a malarial condition. Widal's serum reaction, negative; Ehrlich's diazo reaction, negative; para-colon reaction, positive. Dilutions of 1.10 and 1.20 reacting within 30 and 60 minutes respectively." This positive reaction brought the disease, which had been variously suspected of being, first, la grippe; secondly, typhoid, and thirdly, malarial fever, under that most interesting head, which at present is receiving considerable attention in recent medical journals.

In the Boston Medical and Surgical Journal for January 29, 1903, Dr. Joseph Pratt, assistant in the Theory and Practice of Physic of Harvard Medical School, has thoroughly reviewed the subject. From this paper and one by Dr. Allen, resident physician at Lakeside, Cleveland, O., and one by Dr. Wm. B. Johnston, of Johns Hopkins, the following points have been secured:

A paratyphoid or paracolon infection is one which presents the clinical features of typhoid fever in a marked degree, but which does not give the Widal reaction in dilutions greater than 1.10. An exception is made, you see, to the low dilution 1.10 because it is well known that the serum of one infection may cause the clumping of bacilli closely related to, but not identical with, the bacteria causing the infection, in dilutions as low as 1.10.

Cases in which the Widal reaction has been negative, but still have presented the clinical symptoms of typhoid, have been called light cases of typhoid, but it has become firmly established that these cases are not dependent upon the bacillus typhosus, but upon an organism similar to it in many respects, still different in others. This organism has been variously designated as B-paratyphoid and B-paracolon. It is a member of a very large group which includes the meat poisoning B, B-psittacosis, and the hog cholera B. It was named B-paracolon as early as 1895 by Dr. Gilbert. Gwyn studied a case in Dr. Osler's clinic in 1897, calling it the same. In 1896 the first cases were reported by Archard and Bensaude, and they called it B-paratyphoid, claiming this term to be more appropriate as it produced

typhoid symptoms, and was more closely allied to B-typhosus than B-coli.

Etiology.—Up to January, 1903, eighty-four cases had been recorded, showing a wide geographical distribution. France, Germany, England, Philippine Islands, in the United States, in Baltimore, New York, Philadelphia, Cleveland, Rhode Island, Massachusetts and in Cuba.

Young adults are chiefly affected, although children and old people are not exempt. Autumn seems to be the best time of the year for it. There has been a larger proportion of cases in males than females.

It has been found in the water used by infected individuals.

It is not known that cases supposed to have had two attacks of typhoid had a paratyphoid infection in the place of one of the typhoid attacks.

Bacteriology.—Bacteriological experiments show two types of the B-paratyphoid, the A and B; A species produces less gas in glucose and does not coagulate sterile milk.

Both produce an initial acidity in milk and in Petruschky's litmus whey, but with the A species the acidity persists, and in the litmus whey becomes quite marked, while with the B species the reaction changes to a terminal alkalinity.

Both reduce neutral red to yellow. With the A species the red slowly returns and is fully restored in about three weeks while with the B species the color persists.

The B-paratyphoid corresponds to the B-typhosus in morphology, and is actively motile.

Pathology.—The disease produced by the paratyphoid B is one of general infection without local lesions. Only four cases of the eighty-four have been reported as fatal. One was a secondary infection in a case of typhoid. In the remaining three cases no ulcers were found in the intestine. Peyer's patches and solitary follicles were normal. Hæmorrhages in several cases would indicate that some kind of lesions do occur.

The spleen is enlarged. The bacillus was not found in the mesenteric lymph glands, but was found in the heart's blood, liver, lungs and spleen. It has also been recovered by V. Sion and V. Negel from the adrenal, cerebral cortex, an area of cerebral softening, pericardial and pleuritic fluids and cardiac thrombus. The fatal cases were all due to B infection.

Of the eighty-four cases reported twelve were found to be due to the A species and sixty-nine the B. The remaining three were not determined. In two instances there was a mixed infection with typhoid.

Symptomatology.—The symptoms are frequently the classical symptoms of typhoid. Prodromal symptoms of general malaise usually precede the more acute symptoms, with headache, loss of appetite, weakness and fever.

The following symptoms may or may not be present at some time during the course of the fever: Diarrhœa, constipation, hæmorrhages, nausea and vomiting, rose spots, tenderness and pain in abdomen, epistaxis, diazo reaction. The pulse is characteristically slow, sometimes weak, rapid and dicrotic. The spleen may or may not be palpable. The tongue is invariably coated at first, and frequently the patients come down with a severe chill, also severe and prolonged vomiting spells. Urinary analysis may show traces of albumen and a few casts, hyalin, epithelial or granular in character.

Examination of blood shows no increase in leucocytes.

Complications.—Suppurative orchitis, gall stone formation, suppurative cholecystitis, bronchitis, hyprostatic pneumonia, lobar pneumonia, pleuritis, embolic softening of brain, meningitis, peritonitis, intestinal hæmorrhage, nephritis, cystitis, furunculosis and osteomylitis.

The bacillus has been cultivated from the pus of purulent cases and from the gall stones, also from the urine, fæces and rose spots.

The fever is usualy mild, but may be severe; it runs a somewhat typhoidal course. A febrile case has been reported. The course of the fever is from twelve to eighty-four days; one or more relapses are frequent.

The termination of the fever is often by crisis

Addresses.

THE PROSPECT.

LEWIS P. CRUTCHER, M. D., KANSAS CITY.

Mr. Chairman, Fellows of the Missouri Institute of Homœopathy, Ladies and Gentlemen:

It is probably that he who inaugurated the plan for an annual presidential address before this Society, never undertook the task of writing one, and certainly never heard this one, or he would not have subjected the president to so many sleepless nights during the preparation and the auditors to so many sleepy moments during the reading.

The present incumbent is pleased with this custom, if for no other reason than that it affords another opportunity for the expression of deepest appreciation of the honor conferred on him one year ago, and further, it gives opportunity for an expression of gratitude to the several bureau chairmen, the various committees and the membership in general for their earnest support of the Institute and its cause during the fiscal year now closing. At our meeting in Kansas City one year ago Dr. L. E Whitney, in his able presidential address, gave us an interesting and instructive history of Homœopathy in Missouri, and since he dealt so thoroughly with the retrospect, nothing is left for his successor but to put on the robe of the prophet and to deal with the prospect.

The first statement called for in this consideration is that the future of Homœopathy in Missouri depends upon its present day practitioners. The significance of this is, that if we fail to do our duty towards our school, through the Missouri Institute of Homœopathy, we will bequeath to posterity a system of medicine sorely crippled in its vitals, and it must necessarily follow that our successors in the ranks instead of carrying on toward perfection the result of our efforts will find for their labors a contemptible heritage, made so by our own lethargy.

And just here is risked the pronouncement that he who refuses to contribute the best that is in him to the perpetuation of that institution with which he is affiliated deserves the unstinted condemnation of all ambitious men.

It is not the province of this address to consider in detail the objections of the dissenters, but it would fall short of its purpose if it failed to call attention to the lack of interest manifest in some of our fellows, and, if possible, to suggest a remedy. There is no intention here to cause any particular alarm over this condition, for it must be borne in mind that those who do not contribute their support to this Institute are in such marked minority as to give us the sensation of passing regret and nothing more. The remedy for this condition must be of the expectant order, because it seems useless to attempt the adjustment of old dissensions (since they have arisen almost without exception from personalities), and it behooves us to be as careful as is consistent with conservatism to see that there be little or no just cause for similar complaints in the future.

To this end let the Institute be held in close juxtaposition to high ideals in matters medical, and let there be no deviation from the plan for the election of officers through the merit system, and through that alone. And when these desiderata shall have been attained our State organization will command the suffrage of all practitioners of Homœopathy in Missouri, and this, coupled with the resultant interest and respect of the laity at large, will make the Missourit Institute of Homœopathy a power in the land.

While these things are true, we must not lose sight of the fact that they have to do very largely with Homœopathy in its secondary phase; for, mind you, if our colleges are negligent of their duty in teaching their students the three great principles of Homœopathy, namely, the law of similars, the single remedy and the smallest dose possible to effect a cure (and other important though less vital principles), we cannot hope for much from the Homœopath of the future, much less from the Missouri Institute of Homœopathy. Not only this, but let us take a step further back and charge the respected preceptor that he send his student to college absolutely ignorant of therapeutics rather than subject the teachers to the task of emptying that student's mind of combination tablet nonsense, the alternation of remedies and all that sort of thing.

It is essential to the longevity of Homœopathy that the preceptor of this day teach his student the unvarnished truth in therapeutics, whether he himself practice it or not. For it is terribly true that no man has the right to unload upon the virgin soil of the student mind the offal of his own ignorance and inefficiency.

The future of Homœopathy in Missouri is to be gauged by our aggressiveness in matters of public import. Heretofore we have stood on the defensive, but it is evident that this is not sufficient for the realization of our exalted hopes and purposes. When it is possible for a peanut politician (who rattles about in the gubernatorial chair like a cathartic pill in a hogshead) to "wink" us out of our proportion of justice, as was manifest in the summary discharge of homœopathic management at Asylum No 1 for the insane, it is high time that we get up from our serpentine attitude and approach the throne of political grace with unbridled tongue, ungloved hand and defiant eye. Our Legislative Committee has done excellent work all along the line, but that committee cannot hope for the accomplishment of any definite purpose without the most loyal support of every Homœopath in Missouri.

Every officer, every committee, every bureau chairman should be given such loyal support as to make it possible for us to lift ourselves from the mire of a niggardly beggar to that altar where thundering demands are heard and heeded.

One of the conditions with which we shall have to deal sooner or later is that of State medicine, as it is executed through the State and Municipal Boards of Health. Whether vaccination and antitoxination be right or wrong is not the question just here, but compulsory vaccination is wrong, and since it is but a step from compulsory vaccination to compulsory antitoxination or compulsory anything else that may seem pleasing to the State and Municipal Boards of Health, it behooves us to use our every expedient for the obliteration of this pernicious tendency, because it matters not to what school of medicine you may belong, your compulsory vaccination can but lead to your ultimate professional damnation.

The State Board of Health should direct its attention to sanitation, the quarantine of patients suffering contagious diseases, and to such other matters as appertain to the prevention of the spread of disease. Having done this the intelligent physician should have the privilege of prescribing for his patients according to his own acceptance of therapeutic principles.

The State Board of Health should be empowered to examine all prospective matriculants as to their moral, intellectual and possibly their physical fitness for the study of medicine, and a certificate should be issued to those who pass the examination, this certificate to be a passport into any medical college of whatsoever school in the State of Missouri. Then the State Board of Health should be empowered to recognize the diplomas from these colleges as sufficient evidence of competency to practice medicine in this State. This would serve a double purpose, in that it would relieve the college management of the embarrassment incident to the present day commercialism, as is manifest amongst the colleges, and the burden of responsibility in registration would rest upon the faculties of the colleges rather than upon the student, who has already suffered the imposition of a four years' course.

One of the conditions of entrance upon a medical course should be that the student be twenty-one years of age, for the reason that it is exceptional for a young man or woman to appreciate the gravity of this undertaking before he or she has reached that age. The student in college should be given the benefit of the merit system, and if he possess sufficient cleverness to acquire the rudiments of medical knowledge within four, three or two years, he should receive the diploma at the time of his proficiency, rather than at a time now designated for all students whether bright or sluggish.

Within the past two or three years we have been

aroused over the question of the amalgamation of the schools of medicine, and while the matter has been quite happily settled with honor to the Homœopaths, who have been unflinching in their refusal to surrender their name or practice, on the other hand the homœopathic profession, in conventions assembled, would better be a little guarded lest it become ridiculous. Reference is made to recent adoption of resolutions by the Interstate Homœopathic Medical Societies and several of the State Homœopathic Societies to the effect that we extend to our friends, the enemy, a cordial invitation to join our ranks, and that the only condition to the acceptance of this retaliation be that they do something with the law of similars, and that we will be glad to see them make idiots of themselves, just as they have been trying of late to see if we were not willing to make idiots of ourselves; and, well, in reality, the flirtation that is going on between that old bachelor and this hundred year old damsel is getting close up to where breach of promise suits begin.

No, the old school will not accept our invitation, because they asked us first; so there, now, and besides they asked us merely to give up "sectarian medicine" (whatever that is), and now we ask them to take up, or do something with this same "sectarian medicine," and while it is more blessed to give than to take, it is not altogether improbable that this bouquet business will end with a "give and take." With all of our "fraternal greetings," "invitations" and "resolutions" there is one fact yet remaining, namely, if there is to be one school of medicine, it can best be brought about by the Homœopaths practicing good straight Homœopathy, and the old "schoolers" sticking close to their text. This test would prove things that "resolutions" and "cordial invitations" do not touch; furthermore, before we extend this invitation it were better that we insist that the old school profession give at least some consideration to an invitation extended to them more than a century ago by Sam'l Hahnemann, namely, that they test the law of similars and publish their failures to the world.

There is one point that we have probably overlooked, what would become of the great throng who believe in the "doctor who gives strong medicine," or what did our old school friends think would become of our followers who believe with a religious fervor in "sectarian medicine," "little pills" and all that sort of thing? So long as the Homœopath needs the watchful eye of the other fellow, and so long as the other fellow needs the watchful eye of the Homœopath, we would better quit inviting and go to prescribing.

The Missouri Institute of Homœopathy has been somewhat slow in adopting the plan for the publication of its transactions. This should be crystallized at this 28th annual session, and, if possible, the secretary, or a committee by election, should be given the authority to begin with this year the publication of the transactions for free distribution to the membership.

There is another matter which the Missouri Institute of Homœopathy should give renewed and intensified consideration, and it is the matter of life insurance examinations. A resolution would not be amiss directed towards the condemnation of all insurance companies that refuse to recognize Homœopathy, and in that resolution should appear some reference to the inconsistency contained in the fact that the Homœopath is competent to treat a sick risk but not competent to examine a healthy applicant for a policy.

This resolution should pledge the Homœopaths of Missouri to refuse insurance from any company that shows absolute partiality to any school of medicine.

The Missouri Institute of Homœopathy should contemplate with alarm the tendency of a number of our members to promiscuous advertising. These breaches of professional decorum should be summarily dealt with, for no man is entitled to the benefits of the homœopathic brotherhood plus the advantages of self-praise through the advertising media. With these suggestions directed toward the advancement of the homœopathic school of medicine in Missouri and elsewhere, and with the earnest hope that they may serve the one purpose at least of stimulating the profession to the point of that intense loyalty that breeds ultimate victory, this message, that it may possess the redeeming virtue of brevity, is brought to a close.

Psychology.

THE CENTERS OF ACTION AND THE SECRET OF POWER.

BY J. D. BUCK, M. D.

The thought and the activities of the age run to specialization. The aim and the thoroughness of the times demand greater exactness in every direction, and this continually and necessarily narrows the field of vision and circumscribes all human activities. The student of medicine of today may cover as his studies proceed the general range of the science of man. As a general practitioner he may have an average of medical knowledge. But he must be and remain superficial, or turn, by special study or natural predilection, toward some special line of work. All this is common experience and is inevitable. Each of several specialties constitute a life work and demands all resources.

Now in the face of all this, which every thoughtful observer knows to be true, the question is, is there a clue to the labyrinth; a key to the situation? In other words, in the midst of all that must be known, is there any key to that which may be known that will give far the highest and best general results? This all depends on the grasp one has of the whole nature of man.

Is there a theorem, here as in the case of the most absolute mathematical problem, wherein it is universally recognized that "a problem clearly apprehended and correctly stated is already half solved?" I answer, without a moment's hesitation, that there is such a theorem in the study of man, and that seemingly not one physician or scientist in a thousand is aware of it, ever dreamed that it is so, and that a majority of these would not even look at

it or find the least interest in it if shown to them. They would be more likely to ridicule it, or, with nose in the air, declare it absurd or impossible.

Medical materialism has done its work, as Prof. Henry James has clearly pointed out in his Gifford lectures, and, strange as it may seem, the average doctor welcomes this blight to his own intelligence under the specious plea of "being practical" instead of, as he mis-states it, "theoretical." That his position is short-sighted, foolish and therefore untrue he will never believe, and one is tempted to shrug his shoulders in silent disgust as the only fitting comment. When invited by your secretary to prepare a paper for this meeting of specialists, but for certain reasons I should have courteously but promptly declined. What your study and work strictly as specialists has taught you interest me only in a very general way, just as other specialties interest me. I have no time to go into a careful study of any of these. What your study and work have taught you with regard to man and the key to his being on either the physical or metaphysical planes is quite another matter. No one need be less exact and thorough as a specialist because of his wider grasp of the whole problem of man. Other things equal, the broader the vision and the firmer the grasp one has on the larger problem of life, the better he will be in his special work, no matter what it may be. Dr. Pratt was the first to discover in a broad sense that with a speculum in the rectal sphincters he held the key to the physical mechanism and sensory-motor nature of man, and that to a large extent he could play on the human dynamo at will. The fact is interesting, but the logical inference is stupendous.

A complex body, arranged in "relays" or departments, all co-ordinated and working in harmony on different planes (physical, sensuous, mental, etc.), and yet all under one head. When it is discovered that there is a key to a department on one plane, what is the logical inference or the necessary conclusion? Is it not that the key discovered controls all planes, or else that there are keys on or for each plane that co-ordinate with that already discovered? How else could harmony of the whole under any condition be possible? Now so far as the functions of life depend on action, tone or rhythm of muscles, flow of blood, etc., the key is discovered in the orifices of the body. This concerns the manifestation or movements of life, not the mere fact of its existence.

Dr. Pratt's "Composite Man" gives a general theorem and the positive and negative value of O. (zero), viz., that unknown quality we call life in its "working clothes," but not its essence.

In his conscious, sub-conscious and (eventually) supra-conscious man he has paved the way for the extension of his discovery from the physical to the meta-physical plane and the key to its functions and manifestations.

The specialization to which I referred in the beginning of this paper leads to the regarding of man as a bundle of functions, faculties and attributes. We therein study and deal with him in detail. This is the physical side pure and simple. On the metaphysical side man is One, a conscious, self-moving, self-acting entity. All parts subservient to the One. My muscles do not move except in spasm. I move my muscles. My brain does not think. I think with or through my brain. Now consciousness is the prime fact in the whole composite mechanism of man.

By what speculum can you get hold of and control the consciousness of man? How does man himself control, that is, exercise and use, his conscious life? I answer, by will, instigated by desire or appetite. This will is the individualized energy of man. For an outsider therefore to dominate the conscious mental power of man he must control the will. This is hypnotism, a thing everywhere, at all times and under all conditions to be condemned. The word "suggestion" in relation to it is a misnomer. To dominate or command is hardly to suggest. Just so, for as hypnosis exists at any time it dominates the will of the subject, and hence is not a suggestion, but a command that must be obeyed.

My purpose is simply to show that the "key to the situation" found by Dr. Pratt on the physical plane has its counterpart on the mental or metaphysical plane, and that his discovery and suggestion of the composite man gives the clue as to how we are to search for the counterpart.

It is thus that all really exact and intelligent work along special lines bears in a very important way on broader lines if we apprehend the underlying principle of synthesis and analogy.

My object being only to hint and to illustrate, rather than to elucidate, perhaps I have said enough. We are apt to lose sight of the unity of man as we advance along the lines of his infinite diversity, and so end in an conglomeration of details, without beginning or end, order or sequences, which is empiricism, but in no sense science. The theorem with which we begin our work is quite as important as exactness in the details of all our methods.

Even orificial surgery, dealing with the "latter end of man," may nevertheless reveal to us a logical synthesis, and bid us to comprehend his entire nature.

Miscellany.

HOMŒOPATHY IN MEXICO.

BY EZRA A. LINES, M. D.

Believing that it will be of interest to the Homœopaths of the United States to know of the progress of our school in Mexico, I will endeavor to describe the great progress Homœopathy has made in the land of the Aztecs, keeping abreast of the wonderful development of our sister republic.

In the City of Mexico there are two institutions, the "National Homœopathic Hospital" and the "National School of Homœopathic Medicine," and while both are small in comparison with those of the old school, each is growing rapidly; yearly the number of pupils is increasing, and the hospital is always filled to its limit.

Both are national institutions, receiving an appropriation from the Mexican government, needing

only a larger appropriation to build a more spacious hospital and school and enlarge their facilities; doubtless this will come in time, as the successful results in the hospital have been so much better than those of the old school as to cause surprise and admiration. Here is a grand opportunity for some philanthropist of the United States to aid in a benevolent work by aiding this institution.

The attending physicians in the hospital and professors in the school receive no pay, with them it is purely a labor of love. It would be hard to find anywhere a more faithful or self-sacrificing company of workers, all of them gentlemen, educated and refined, each originally graduates of the old school, some having pursued their studies in Europe or in the States.

The student who takes up the study of Homœopathy in Mexico has before him five years of arduous labor; the medical schools are thorough, and the standards high, but when his diploma has been won and the stamp of the government placed upon it, he can practice in any part of Mexico; he has become of the "Facultad Homœopatico de Mexico." He enters upon his life work with no State examining board to annoy him.

"La Propaganda Homeopatica," "The Homœopathic Propaganda," a small monthly paper, has disseminated much information among the people. The physicians distribute it. Dr. Juan Antiga, a brilliant young doctor, who fills a professor's chair in the N. H. S., and a graduate of many schools, has written an article, "Statistics of the National Homœopathic Hospital." I wish that his entire article might be translated and published, it gives a clear account of the great advances of Homœopathy in Mexico; but its length prevents, I can refer only to portions of this excellent paper.

He says: "In the early days the Mexican Homœopaths asked nothing for their services save the thanks of their patients; they sought to show the virtues of Homœopathy; this was successfully done. It was due to the efforts of the talented Dr. J. Segura y Pesado (one of the principal leaders in the history of Homœopathy in Mexico) that the minister of government, Don Manuel Romero Rubio, was led to investigate this new school of medicine. The President of the Republic with characteristic foresightedness saw the importance of the matter, and, endorsing the movement, gave his support and encouragement, aiding in the organization of a homœopathic hospital, in which the Homœopath could demonstrate the justice of its claims as a superior therapeutic method."

Dr. J. Segura y Pesado, of whom Dr. Antiga speaks, is Director of the School and of the National Homœopathic Hospital, also Prof. of Surgical Pathology and Honorary President of the Academy of Homœopathic Medicine.

Admired by all who know him, his life is dedicated to the spread of Homœopathy, his clinics are crowded with the rich and the poor; to people of all classes he is kind and courteous. Homœopathy in Mexico owes much to him.

Dr. Antiga continues: "In other lands great harm has been done to Homœopathy by the opposition of the old school, though statistics have shown many times its superiority in Mexico due to the influence of General Diaz, and the firmness of the minister of government, the interference of the old school was not permitted.

"The hospital began its career under the guidance of capable, self-sacrificing men, apostles of a science for the success of which they gladly sacrificed all ambitions and selfish desires.

"The N. H. Hospital, faithful to their promise to the President and governmental officers, six months after it was opened published its first statistics; the contents were a surprise to the public. From the 15th of July, 1893, to January 15th, 1894, there were 350 patients entered, 84 voluntarily left. Cured, 132; left improved, 47; deaths, 45; remained, 42; the mortality was 12.08 per cent.

"The second statistics covered the period from January 15th, 1894, to June 30th of same year. Entrances, 287; left voluntarily, 34; left improved, 33; cured, 148; deaths, 23; the mortality was 8.01 per cent. So low an average was heretofore unknown in the annals of Mexico.

"The third statistical report to the government, July 1st, 1894, December 31st, 1894, gave the following data: Entrances, 313; left voluntarily, 37; left improved, 59; cured, 138; deaths, 29; remaining, 50; the mortality was 9 per cent.

"These results covering three successive years, submitted to the chief executive, were determining factors in the progress of Homœopathy in Mexico. Securing official recognition, the establishment of the national hospital and national school of homœopathic medicine by decree of the executive, July 31, 1895, applauded and commended by the entire homœopathic world."

The following is a list of the professors of the National Homœopathic School whose names will for all time be remembered as the pioneers of Homœopathy in Mexico: Dr. J. Segura y Pesado, Dr. I. Fernandez de Lara, Dr. Juan Antiga, Drs. M. Gutienez, C. Sancedo H. Perez, A. Guterrez, P. Martinez Garza V. Beracoeches, Fernando Gomez Suarez, E. Torreblanca, F. de Regules, F. Salazar, F. de P. Alvarez.

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A few paragraphs from the fourth chapter of Dr. Antiga's work will give the Century readers some idea of the class of diseases prevalent in the valley of Mexico, and results in the National Homœopathic Hospital.

Diseases of the digestive apparatus have furnished a large per cent. of the cases in Mexico. Alcohol is a great factor in these affections, as is improperly cooked and indigestible food. Many of these cases are improved and cured to be followed by a relapse soon after leaving the hospital, due to their failure to use the prescribed diet and their use of the regulation Mexican diet of the lower classes, chile, tortilla, fujoles, carnitas and pulque.

"Acute hepatitis is commonly met with in Mexican hospitals caused by the excessive use of 'pulque (drink made from the maquey plant), and according to some professors of the old school, due to the impurities and products of decomposition contained in that drink. By homœopathic statistics suppurative hepatitis furnished 8.05 per cent. of the cases which terminated fatally. Many suffering with this disease and finding no relief from the use

of empirical treatments and other absurd proceedures, and having lost valuable time thereby, are compelled by the volume of the abscess, pain and fever to enter the hospital too late to be benefited by medical science.

"A large percentage of the patients in the charity hospitals of Mexico City are sufferers from troubles of the respiratory apparatus, caused by the peculiar climate of that high altitude, their lack of proper covering and their weak resisting powers. In a city over 7,000 feet above the sea level, where there are no extremes of heat or cold, the average temperature for January showing 53° Fahrenheit, and July 62° Fahrenheit; an ideal climate. It seems strange that tuberculosis should be so prevalent. Cheap pulque, improper food, lack of covering combined with great poverty and wretchedness and unsanitary surroundings, brings about a condition of weak vitality, which makes them ready victims for almost any contagious disease, especially tuberculosis.

"Lobar Pneumonia is one of the most frequent diseases in Mexico with a high death rate. Alcoholism there is one of the most frequent predisposing factors. The most frequent location of this was on the right side in the proportion of 74 to 45.

"The results of our treatment is so satisfactory that it is held as a popular belief that pneumonia in Mexico can only be cured by homœopathic treatment."

Typhus fever, or "tifo," formed 26.3 per cent. of the cases treated. This is a disease now rarely seen in the States except in sea ports when brought by immigrants, but common enough in the City of Mexico. It is a highly contagious disease, is characterized by sudden onset, profound depression of the vital powers. High fever, about the fifth day occurs a petechial eruption called by the text-books "mulberry rash." The face has a dull heavy appearance and a deep dusky flush, eyes injected, the skin a glazed appearance, and a most disagreeable and sickening odor emanates from the body of the patient. The results obtained with the homœopathic treatment of this disease is truly remarkable.

The high death rate found in the City of Mexico is not due so much to climatic conditions, but as pointed out above, to the mode of life of the lower classes, among whom it is found.

The mortality among the better class of Mexicans is very low, and it is a notable fact that foreigners in Mexico who conform to the conditions of the country enjoy excellent health. It must be said to the great credit of the Mexican authorities that strenuous efforts are being made to better the sanitary conditions of the lower classes. In this good work the physicians of the National Homœopathic Hospital are doing their part.

This is a partial resume of what our fraternity is doing in our sister republic, prophetic of the larger results to be accomplished in the near future. Our doctors are opening their offices in the principal cities of the Republic.

The government has granted equal rights to us. The notable success of Homœopathy in Mexico has caused admiration, and led to a constant increase in the number of those who seek homœopathic treatment. Its popularity will wax and never wane, and we confidently look for its phenomenal growth in the land of the Aztecs, with its twelve millions of people. Mexico is bound to keep abreast of modern thought and march in the van of the world's progress and development.

THE ORGANIC NERVOUS SYSTEM.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

Why select this subject, a topic that is studied and discussed by so few? Because, as we believe, it is not investigated studiously by more is the exact reason; and if we can aid in increasing the number of students along this line our object will be accomplished.

Why call it Organic Nervous System and not Sympathetic Nervous System? Because Bichat's term, nerves of organic life, is more comprehensive. The expression, nerves of organic life, is preferable to the term vegetative, sympathetic or ganglionic for the following reasons: The vegetative nervous system conveys to us but little, if anything, more than the idea of that which is peculiar to the life of the vegetable. The term sympathetic nervous system implies a relationship by which all parts of the organism respond to impressions made upon every other. Organic nervous system or nerves of organic life signifies a nervous mechanism common to all life. It is the real organic life of the body, and should be ever so considered, both in health and disease; for the life of the organism is dependent upon nutrition, which is controlled by this great and wonderful system, and not by the cerebro-spinal system of psychical or mental life.

Much time is devoted to the cerebro-spinal anatomy and physiology of our bodies; not too much, but let the same attention be given to the physiology of the organic nervous system if it is what the few writers claim it to be. Are they wrong? They may be wrong, but we do not think so. Have you ever read Fox on the influence of the ings of Ross, Chapin, Robinson, Owens, Pratt and others? The bibliography is not as meager as one might think, though it be limited when compared with authorities on the cerebro-spinal system. There is nothing more practical than the writings of the above-named authors, and it is that of which we can make daily use, that kind of knowledge, the general practitioner is searching for today, theory that can be practically applied.

While the two nervous systems are dependent on each other for aid, we believe there is an independence far more than is commonly allowed. The cerebro-spinal, by reason of its many grumblings, gets credit for this, but the quiet, apparently uncomplaining organic system seldom does receive the notice it certainly deserves, because its offices have been for the most part usurped by its neighbor and coadjutor.

The health of our bodies depends on a good blood circulation, and this depends on the vaso-motor system. Then why not devote more attention to this system, its origin, functions and relations to morbid processes? The present state of knowledge concerning the vaso-motor nerves is not as satisfactory as we could wish. All the phenomena of

its influence is not comprehended, but enough is known to show that "each histological unit has its own minute nervous system, which may suffice for it within feeble limits. A certain number of these elementary nervous actions are grouped about a common center, as in a lobule or gland. So, farther on, from lobule to lobe, and so to external plexus (organ) and then general organs unite for one purpose."

Certainly it looks as if all this shows plainly that while there is a mutual dependence there is a partial independence, for these ganglia do have independent reflex centers. To show that much is taken for granted regarding the relations of the two systems, knowledge not being positive, permit a quotation from a late work on physiology by Prof. Raymond: "The most recent writers are inclined to regard the cerebro-spinal and sympathetic systems not as distinct, but as parts of one great whole, and the intimate relationship between the two is strongly confirmatory of this view. The history of the development of both is the same: the vaso-motor nerves, which are called sympathetic," have their real origin in the medulla and cord, and, so far as known, the ganglia of the sympathetic do not respond reflexly to stimuli, as they would be expected to do if they were independent centers."

Our belief is that Fox, on "The Independence of the Sympathetic Nerve," is a far better argument for the affirmative of this question than Prof. Raymond for the negative, and with his deductions we close.

1. The fœtus has been expelled from the uterus at or almost at full time, showing therefore a normal capacity for absorbing nutrition, and a healthy circulation, without any trace of a cerebro-spinal nervous system, owning only the sympathetic system as the nerve element in its composition.

2. Parke says that nutrition is properly carried on with complete destruction of the cerebro-spinal centers.

3. This fact renders probable the dictum of Golz that the tone of the arteries is maintained by local centers situated in their own immediate vicinity.

4. Reflex irritation of vaso-motor nerves can be entirely limited to the particular organ or tissue supplied. Thus in Vulpian's experiment some days after the transverse section of the sciatic nerve, or of the brachial plexus, when the corresponding pulp of the paws of the animals had become quite pale and anæmic, he was able by slight rubbing of these pulps to cause a reflex congestion.

5. The not unusual fact of compression-myelitis (especially, strange to say, in the cervical regions) being unattended with oculo-pupillary phenomena, or with symptoms of vaso-motor-paralysis. This his been noted by the writer in two cases of malignant tumor pressing on the cervical cord, and also in several cases of cervical pachy-meningitis.

6. Many of the phenomena of blushing, of eruptions, of local congestions, point to the same idea.

7. Perhaps the phenomena of myxœdema and of the early stages of scleroderma are associated with functional independence of the sympathetic ganglia.

8. The fact of the continuance of the heart's action for a time in some mammals after its seperation from the body.

9. The peristaltic action of the intestine.

10. The reflex action of the stimulus of the blood upon vascular tone.

11. The phenomena of vaso-motor neuroses of the extremities.

12. Irritation of the peripheral end of the cervical sympathetic nerve causes protrusion of the eyeball; section of it causing sinking of the eyeball and a slight flattening of the cornea. In the lids are sets of smooth muscular fibres innervated by the sympathetic, and by these the contraction of the lids is opened, and so the eyeball is uncovered.

13. From the cervical sympathetic some portion of the secretion of the parotid and of the submaxillary salivary gland is excited, and that on both sides.

14. Hermann, who looks upon the independence of the sympathetic as almost impossible, yet states that automatic and reflex co-ordinate movements, and secretions also, can be the outcome of the faculty of sympathetic ganglion cells, quite independent of the large nervous centers.

15. In the frog, after the destruction of the brain and medulla oblongata, irritation will cause congestion of the limbs.

16. In mammals, after section of the cord at the mid-dorsal region, sensory excitation of one posterior limb will cause reflex heat phenomena in the other.

17. The phenomena of pigmentation in the frog, when the brain and spinal cord are destroyed, show the same thing.

18. The richness of the sympathetic in central elements, like those of the brain and cord.

19. The wealth of the branches of distribution, gaining force the wider the distribution, and not the opposite.

20. It may perhaps seem somewhat fanciful to say that it seems necessary that the nervous system of the viscera should be more or less shut off from perturbation of our intellectual being. That this is only partially the case is due to the union and association of the two systems in so many ways.

September 10, 1903.

"The Only Way."

I say that the homœopathic physician, if he fulfill his duty to his patient and to himself, must practice Homœopathy, and if he does not know enough Materia Medica to use with confidence the remedies of our school then instead of trusting to the wobbling crutches of the pharmaceutical chemist he should study the homœopathic Materia Medica. Else he has no right to call himself a homœopath with any sort of consistency.—Bradford in Recorder.

I have still more recently used Suprarenalin in a second case of hæmoptysis, with equally rapid results, and also in a case of fairly severe post-partum hæmorrhage again, so far as one can tell, with excellent effect. Arthur S. Hadley, M. B.

Therapeutics.

PERNICIOUS ANÆMIA AND ITS HOMŒOPATHIC TREATMENT ON AN EXPERIMENTAL PATHOLOGICAL BASIS.

BY E. D. REED, M. D., ANN ARBOR, MICH.

Pernicious anæmia, although a comparatively rare disease, has possessed a great interest for investigators in every department of medical science, and the work which has been done in establishing the etiology and position as a distinct pathological entity are in many instances classics of medical work.

It is not the purpose of this paper to advance any new conception of the disease or any new theory regarding its etiology or pathology, but rather to present a review of recent work and to draw attention to that which suggests a possible specific and homœopathic treatment of the disease, and which opens up a new line of research upon the extended applicability of the homœopathic law.

Homœopathic therapeutics has no occasion to use pathological theories as a basis of cure, and it is the opinion of a large majority of the school that such a course is not only unnecessary but harmful as well, and the objection is well founded that the shifting sands of medical theory cannot offer a firm foundation for therapeutic structure.

However, one should distinguish carefully between medical theories and medical facts, and the objection cannot hold good for those firmly established truths which have been and are continually being discovered in all branches of medical science. To Homœopathy belongs all the discoveries of medicine as much as do they to any other branch of medical science, and it is the duty of each homœopathic physician, which he owes alike to his art and to humanity, to use every department of science in the furtherance and widening the usefulness of the law of cure.

The histological character of the tubercle is an established fact, and whatever may be the cause of tuberculosis it must be and is always characterized by this definite anatomical change. That all diseases are characterized by such definite structures cannot be maintained; in fact, only a limited number are yet known, but we are not concerned with the establishment of the theory that all diseases are attended with definite anatomical changes. The problem which we are to solve is, how can we, as Homœopaths, utilize the knowledge at present possessed by the chemist, the pathologist and the bacteriologist.

Morbid anatomical changes we consider as much symptoms expressing the desire of life processes for relief as are the extreme thirst, the rapid drinking, the great restlessness, and weakness which calls for arsenic.

The morbid anatomical symptoms give rise to an infinite number of subjective ones, which in no individual can they be conceived of as being the same. Given, then, any characteristic definite and constant morbid anatomical change, which can be produced with a drug, we have at once a remedy homœopathic, which should strike at the very origin and relieve an otherwise long chain of variable and elusive symptoms.

Our position, then, is that the expression of disease is as much in its anatomical changes as it is in subjective ones, and given such a change produced by a drug we should have a drug that goes nearer to the cause, and which should cure the condition according to homœopathic principles. It is not the purpose by any means to decry the value of subjective symptoms as indications for a remedy, but on the other hand, to point out the value of looking deeper for the cause of subjective symptoms and possessing a drug homœopathic to their source, and also to call attention to well-established pathological truths, and the help they may give us when considered as a factor in the selection of a homœopathic remedy.

The hæmatogenous diseases offer us a tempting field for research on these lines not only from the fascination in studying phenomena, which are surrounded by such mystery, but also that because the characteristic pathological lesions are in the blood and may be studied during life, and go hand in hand with clinical observation.

Pernicious or idiopathic anæmia was first recognized by Addison. The early study of the condition was mainly a discussion as to the merits of the various names by which the condition was called. Biermer, by his work, in 1872, attracted attention once more to the study of the condition, especially to the question was it a distinct disease entity or a symptomatic complex brought about by many causes. With the advent of improved methods for the study of the blood and the many experimental researches upon the disease, the position of pernicious anæmia as a distinct entity has been fairly established.

The diagnosis of pernicious anæmia is made by few but very characteristic changes, including the well known symptoms of a high degree of anæmia. To establish the diagnosis one must have changes in the blood, which are demonstrable under the microscope, and which bear a causal relation to all of the other symptoms. Upon post-mortem the blood forming organs must show characteristic lesions, which we will describe later. Lemon tinted skin, giddiness, aparent increase of fat, periods of remission and aggravation are symptoms which are common to many other diseases, and can in no way establish the diagnosis of pernicious anæmia.

The symptoms and pathological changes in general are well known, and we will confine ourselves only to those characteristic changes which have led to the establishment of the condition as a pathological entity.

Changes in the Blood.

The number of red cells is greatly diminished. In no other disease is the number so low. In one case reported the red cells sunk to one hundred and forty-three thousand, which was followed by a remission of the disease, and a period of apparent recovery. The average count in cases of pernicious anæmia is about one million and a half.

In chlorosis where the general appearance suggests so high a degree of bloodlessness the average

number of red cells are about four million, and it is rare even in the most marked cases of secondary anæmia, such as exists with cancer of the stomach, for example, to find the number of red cells lower than three million.

The changes in the hæmoglobin index is another very characteristic symptom. With the diminution of the red cells there is a reduction of the total hæmoglobin, but the per cent. per cell is higher than in normal blood. This serves to distinguish the disease from chlorosis, where diminution of the hæmoglobin index is the most characteristic change.

The morphological changes are the most characteristic of the alterations in the blood in pernicious anæmia. In the properly prepared sections the presence of large oval red cells nucleated and non-nucleated (megaloblasts and megalocytes) are to be seen, and these are regarded as distinct and peculiar changes of the blood in pernicious anæmia. The clinical diagnosis rests largely for confirmation upon the presence in the blood of these abnormal forms of the red cell.

Microcytes, nucleated red cells and extended nuclei are often found, but do not bear the same relation to pernicious anæmia as the forms described above. The blood changes on the whole are regarded as a reversion to an embryonic type. The leucocytes are rarely if ever affected.

In the liver is found a condition which has been termed siderosis. This phenomenon is regarded by many as the distinctive characteristic feature of the disease. The pigment hæmasiderin which is normally an intermediate product between hæmoglobin and billirubin in pernicious anæmia is greatly increased and is distributed in the liver, spleen and sometimes may be found in the kidneys. In the liver the deposit of the pigment is very extensive. But the most notable thing is the peculiar distribution in relation to the lobule. The cells of the outer quarter of the lobule contain the greatest amount of the pigment, giving it a very characteristic appearance. The cells of the central portion also contain traces.

Normally, the liver is actively engaged in hæmolysis with the formation of bile pigment. Hæmasidrin, however, is never found. It is evident, then, that there must be some disturbance of this function of the liver, which is shown by the incomplete disposition of the hæmoglobin, and which, as noted, is manifest by the large amount and peculiar arrangement of the pigment hæmasidrin in the periphery of the lobule.

Siderosis may be produced by other causes, but in no case is the amount of pigment so large, nor does it have the peculiar arrangement in relation to the lobule as seen in pernicious anæmia.

There have been many theories advanced as to the cause of pernicious anæmia, but with one exception, none of them have been wholly able to satisfactorily explain the many phases of the disease. The anæmias of gastric atrophy and of malignant growths are now easily distinguished from the true idiopathic form. The theory that the disease was caused by an intestinal parasite, particularly the bothriocephalus, was advanced, and true enough the anæmia which followed the presence of this parasite had all the characteristics of pernicious anæmia, but the bothriocephalus is a parasite found only in a very narrow limit, while pernicious anæmia is widely distributed. So this theory could explain the existence of very few cases. Experiments on this form of anæmia determined that poisons which could be extracted from this form of parasite, and at this time was advanced the toxic theory of the causation of anæmia. Upon this theory could be explained all of those cases which seem to arise in the course of such diseases as cancer of the stomach, syphills and malaria. This theory has been elaborated by recent work, and it seems fairly established that pernicious anæmia is caused by some toxic substance, the nature and source of which is not yet known.

The method of action of the causi mali is the object of some very able investigations, but as yet there are no satisfactory conclusions formed. Some contend that it has a hæmolytic action only, others that the action is upon the hæmogenetic organs, that it is a disturbance of the blood forming organs with the production of an embryonic type of blood. This theory is the one advanced by Hayem (reference cited). The safer view is the broadest one, and we may consider the toxin as possessing both a destructive action on the red cells and a disturbing action upon the blood forming organs. This latter view is held by Ehrlich, whose recent work and studies of immunities are well known.

The experimental production of the disease by the use of drugs is the side which has the greatest interest to us as Homœopaths. There are quite a number of chemical substances, such as potassium cyanide, carbon monoxide, pyrogalol, glycerine, and even distilled water, which depend for their toxicity upon changes produced directly or indirectly upon the blood. Silbermann, in 1886, attempted an experimental study of anæmias by the use of pyrogalol, pyridine and touylen-di-amine. He succeeded in producing very extensive blood destruction and a condition of severe anæmia. Later Battistini, experimented with other similar chemical substances, especially in the attempt to produce a condition of pernicious anæmia. There were many investigators at this time who were studying upon similar lines. Of them Hunter's experiments are the most complete, and with touylen-di-amine he arrived at some very definite information as to the nature of the disease and the action of the toxic substance. Glycerine,) pyrogalol, caused an extensive destruction of the red cells and produced a condition of profound anæmia, but in no case did it present any of the characteristics of pernicious anæmia. With toughen-di-amine, however, he was able to produce a condition of the blood and blood-forming organs almost identical with those seen in pernicious anæmia. The action of the substance as stated by Hunter has been confirmed by several investigators working along the same line. (Reference cited.) And in many instances, the deportment of the substance in the animal body and the changes which it produces are remarkable.

Touylen-di-amine is a synthetic compound of the aromatic series, and may be expressed by the following formula: $CH_3C_6H_3(NH_2)_2$. It is a crystalline base, somewhat soluble in cold water, easily soluble in hot water, alcohol and ether. The

substance exists in three isomeric forms, all of which have the same physiological action. The substance is classed by Kobart with chemicals, indirectly forming a compound with hæmoglobin. The substance has as yet no use in medicine, but is extensively used in the dye industry.

The experiments with touylen-di-amine were carried out upon dogs, cats and rabbits, and it has been shown that it produces a definite and specific form of anæmia, which is not to be distinguished by the pathological changes produced from those seen in pernicious anæmia.

Outside of the body touylen-di-amine has no destructive action on red blood cells, but on the other hand it tends to preserve them. In this it differs from glycerine and pyrogalol, which have a direct action destructive to the red cells both within and outside of the body. When touylen-di-amine is introduced into the body even in small doses there arises after a time a most extensive destruction of the red cells. This destruction is not in any way dependent upon the dose, and it has been proven that this action does not exist while the substance is in the blood. Another very interesting observation was made that in animals from which the spleen had been removed there was no action observed upon the blood even after the introduction of large quantities. These experiments seem to indicate that there is a selective action of the drug upon the hæmolytic organs. The changes in the blood produced by touylen-di-amine are very significant. There is a great reduction of the red cells, and after an administration of the drug for some time there is a change in the morphological elements of the blood with the appearance of megloblasts and megalocytes.

The urine of the animals experimented upon was of a saffron color, but free from hæmoglobin. This is a very significant feature also, and resembles a somewhat characteristic symptom of pernicious anæmia.

On post-mortem the muscles were high color, there were small capillary hæmorrhages and extensive fatty degeneration.. The liver contained large amounts of hæmacidrin, which was distributed for the most part in the cells in the periphery of the lobule.

A remission could be obtained by leaving off the administration of the drug, but which was rapidly followed by an aggravation upon resumption of its use.

We have up to the present time been unable to find but one recorded case of poisoning by touylen-di-amine. The report is a meagre one but contains some suggestive features. The case is one reported in the Ther. Monatschft., 1892, page 376, and occurred in an individual exposed to the fumes of a boiling solution of touylen-di-amine. Briefly, the symptoms noted were as follows: Eight hours after exposure unconsciousness and paralysis, eyes partly open, lips and jaws tightly closed, from between the lips exuded a light foam. After eleven hours from seeing the case, the first time consciousness had returned, the lips and mucous membranes of the mouth was of a dark blue color, the pulse was weak and somewhat accelerated, the heart sounds weak but pure, pupils were contracted, temperature subnormal, and the patient complained of very severe headache. The patient gradually relapsed into unconsciousness.

On the third day there appeared an extraordinary painful stranguria. The urine was clouded, dark red, very scanty and dribbled away attended with the most excruciating pain. The heart sounds were weak, accompanied with murmurs, pulse very irregular. There was great pain in the region of the stomach, a feeling of constriction of that organ (this was evidently not due to the action of the drug on the mucous membrane of the stomach, but was brought about as noted by breathing the fumes). On the fifth day there was a remission of all the other symptoms except the painful stranguria, which now became so intense as to cause the patient to scream in agony. The glans penis was swollen and covered with yellowish spots. There was great thirst throughout the course of the poisoning, but a decided repugnance to food. There was no blood examination, and from the report we have no means of knowing to what the color of the urine was due. The convalescence of the patient, as reported, was very slow and was attended with many nervous changes.

We have, then, for our consideration, on the one hand, a substance which upon purely experimental lines produces a condition characterized by:

(1) A marked diminution of the red cells.

(2) A change in the morphology of the blood characterized by the appearance of megaloblasts and megalocytes.

(3) A siderosis of the liver with an arrangement of the pigment in the liver cells of the outer border of the lobule.

(4) Whose action is not directly upon the red cells in the blood, but is probably due to an indirect action through the organs concerned in blood destruction.

And on the other hand, a diseased condition of unknown cause presenting besides the general symptoms of profound anæmia.

(1) A great reduction of the red cells.

(2) Morphological changes in the blood, of which megaloblasts and megalocytes are a constant feature.

(3) Which on post-mortem is characterized by extensive fatty degeneration in all of the organs, and a peculiar and constant change in the liver manifest by the appearance of a large amount of hæmasidrin, which has a peculiar disposition in the periphery of the lobule.

A conclusion cannot be hastily drawn as to the remedial relation of touylen-di-amine to pernicious anæmia. There is much to be done both from an experimental side and in a careful proving of the drug on the human organism. It is our plan at an early date to have made a complete proving of the drug, but the difficulties are obvious, for much has yet to be learned before an attempt should be made to introduce into the human organism a substance capable of producing such destructive anatomical changes. The toxicity of the drug must be determined upon a wide range of species. The method of preparing the substance from a pharmaceutical standpoint is also to be considered. A few confirmatory experiments must yet be made as to the

actual changes produced in different classes of animals.

It is hoped that at an early date we may be able to accumulate some clinical data, but this is largely working in the dark, is unscientific and unsatisfactory to say the least.

Societies.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Preliminary Meeting.

The Sixtieth Annual Meeting of the American Institute of Homœopathy was called to order by President Sutherland in the convention hall at Niagara Falls, on June 20th, at 5 P. M. The preliminary address of the president was replete with good homœopathic sentiment, and advocated among other things the desirability of establishing an Institute of Drug Proving, and the indexing of the volumes of the Institute transactions, in which is buried in an unaccessible form much valuable material. The address was referred to a committee composed of Drs. W. B. Hinsdale, of Ann Arbor, Mich.; H. H. Baxter, Cleveland, Ohio, and Geo. F. Shears, Chicago, Ill.

Reports of various committees followed, such as the publication committee, transportation and local arrangement, censors, etc., after which adjournment was made.

Opening Exercises.

The regular opening exercises were held in the evening, commencing at 8 P. M. Dr. B. J. Maycock, of Buffalo, presided in the absence of Dr. W. H. Hodge, of the local committee. After the invocation, an address of welcome, short and to the point, was made by the Hon. John M. Hancock, Mayor of Niagara Falls, followed by an address by the Hon. T. Guilford Smith, LL. D., of Buffalo, Register of the University of the State of New York. Mr. Smith referred in particular to the work of Dr. W. H. Watson, of Utica, the late Drs. H. M. Paine, of Albany; Wm. Tod Helmuth, of New York, and S. H. Talcott, of Middletown, N. Y., in the line of advancing medical education in the State. Reference was made to the lately erected Rush monument in Washington, but the fact that a monument had been edected in the same city two years previous to Hahnemann, appears not to have been brought to the speaker's attention. Co-operation of the Institute with the Board of Regents of the State of New York was advocated to the end of advancing the cause of medical education and authority to practice.

Dr. J. W. LeSeur, of Batavia, representing the Western New York Homœopathic Medical Society, made a neat and eloquent address of welcome, which made all who heard it glad to be present, and to feel that one belonged to the American Institute of Homœopathy. Dr. Sutherland, the president, made a brief response thereto.

The President's Address.

President Sutherland likened the annual gatherings of the American Institute of Homœopathy to the old home week of New England, as a time when the past was reviewed and the future planned for. He maintained that the Institute was formed by physicians first and foremost, by physicians who found that there was something lacking in the general medical field without Homœopathy. He believed that no one lost his right to be a physician because he labored in a special corner of the therapeutic field, any more than the man who raised only potatoes lost his right to enjoy and partake of the benefits of his fellow laborers in other fields of agricultural labor. The first principle taught by Hahnemann to heal the sick was emphasized and a tolerance to every measure that promised to this end was advocated even to an acceptance of antitoxin, thyroid extract and other questionable allied specifics, even to the, as yet, unproven benefits of the X-ray in cancerous conditions. The relation of Homœopathy to the various specialties and the relation of these to Homœopathy was shown. He advocated in a forcible manner the necessity of establishing an institute for drug proving, a living work for Homœopathy, and a work essentially our own. The address was a most able one, and the attention of the audience was held to the end.

Reception and Ball.

The usual reception by the officers of the Institute and the ex-officers was held succeeding the president's address, and the evening concluded by a brilliant fete de danse in the ball room of the Cataract Hotel.

Report of the Committee on Institute of Drug Proving.

Chairman J. B. G. Custis presented the following report:

The Preliminary Report of the Committee Appointed to Inquire Into the Feasibility of the Establishment of a Permanent Institute for the Proving of Drugs.

Your Committee has the honor to report that they have given this subject careful consideration, and are unanimous in the opinion that no greater field is offered in any scientific branch of study in any of the efforts made for the betterment of mankind or for the general good of the wealthy and the poor alike than is presented by the possibilities offered by the establishment of such an Institute.

The Committee believes that by the combined efforts of the members of the American Institute of Homœopathy the establishment in some form, or at least, a bureau, which shall control, through the distribution of funds, the proving of drugs somewhat upon the plan outlined by Dr. H. P. Bellows, is a possibility. Following the suggestions made by B. F. Bailey in his presidential address at Atlantic City, and A. B. Norton in his address before the O., O. and L. Society, when president, Dr. Bellows, as you all know, first formulated a method by which drugs could be studied intelligently, their symptoms collated and put in a convenient form. He has in his possession, and will offer to the Institute, in due time, the results of fifty-three provings of Belladonna, records of which cover over 700 typewritten pages, and promise most satisfactory results. Many of the symptoms that we have relied upon have been verified, and many new ones added.

This is not the place to discuss critically these reports, but they show the possibilities of the work, and give a forecast of the results. In addition, they prove the absolute necessity that an Institute of drug proving should be established for this purpose alone.

The work is too great, the time required too long, and the demands upon this Institute, which will be made after the work is started, too onerous to ask any one engaged in the practice of medicine for a livelihood to undertake.

The Committee, in agreeing to the desirability of the establishment of such an Institute, also agree that the main object should be the study of the effects of drugs upon healthy persons, and the presentation of the same in such form as shall make them useful in the practice of medicine regardless of schools. The ultimate object of all this work must be the relief of suffering and the cure of disease, but the Committee fails to find any method that promises such good results as that already adopted by the school of Homœopathy, and as that school has among its adherents those best qualified, by reason of experience, to appreciate, record intelligently and classify with reasonable expectation of its final recognition, the conduct of the institution of drug proving should be vested in a board selected from among the membership of the American Institute of Homœopathy. Surely, it would not be reasonable to entrust such important work to those who are seeking for specifics as remedial agents, or who base their hope upon either the physiological effects or chemical affinity of the drugs investigated.

All through nature we find the provision of an antidote for a poison; we find that the instinct of animals lead them to the kinds of food required for their cure when sick, and yet we are told by practitioners of all the schools, excepting our own, that for at least one hundred years there has been but little, if any, progress in the treatment of disease so far as it depends upon the administration of drugs in any form.

When we remember that our School has used the same remedies with the same indications in the treatment of the same disease ever since the first records were published by Hahnemann, with results indisputably better, as far as death rates, length of life secured and general results are concerned, our claim to be the ones entrusted with the work is established. Our obligations to do it result from the fact that we are the possessors of this knowledge. Its possession makes it obligatory that we formulate what we have, and, when possible, present it in such a manner that no one who is entitled to recognition as a scientist can question the results. Having done this, we can afford to leave the adoption of the law to the scientists referred to.

How to bring about these results has been the subject of much inquiry and discussion. First, a considerable sum of money must be secured. Such funds when secured must be segregated from all other educational funds. It should be a trust fund placed in the hands of a board of trustees, representing the various interests combined in the American Institute of Homœopathy. The board of trustees should have power to fill vacancies, should select the drugs to be proven, or select those who are to conduct the investigations; should pass upon the equipment of laboratories whose use is offered, and they should have power to aid by appropriation or to meet the whole expense of such investigation when necessary.

The plan followed by the Carnegie Institute seems to meet the requirements of our proposed institution.

Many facts showing the absolute disregard of the important study of remedies for the treatment of disease afflicting man have come to light. $17,915,075 were donated in 1902-'03 by private individuals, entirely exclusive of Government and State aid, for educational institutions of the country. Of this amount the schools of medicine not connected with universities, and including the schools of dentistry, pharmacy and veterinary medicine, received $39,336. There is no record showing that any part of this amount was devoted to the original investigation of the effects of drugs, whether considered in the abstract or as recommended as specifics.

We find many buildings devoted to the study of pathology, and call your attention to the last $700,000 expended by the University of Pennsylvania. But in the light of the confession made at the dedication, it would seem that the time has come when some practical efforts were being made to lessen the material used in these laboratories. The mention and publication of such facts as these should arouse to action those who are able to donate larger or smaller sums for this purpose.

In conclusion, your Committee would request an expression of opinion of the members of the Institute as to the great desirability for the establishment of the institute suggested, empower the Committee to prepare such literature as would be of value to those who have the opportunity to present the subject to those who have the ability to give aid, and that the Committee be continued in order that it may assist in this work.

J. B. Gregg Custis, M. D.,
Chairman;
George Royal, M. D.,
W. A. Dewey, M. D.,
E. H. Wolcott, M. D.,
Chas. Mohr, M. D.

A request was made to the Institute to grant permission to organize by appointing a secretary and treasurer, empowering the Committee to receive contributions and to become the custodians of such provings as may, from time to time, be made by colleges and others. Dr. Charles Mohr, of Philadelphia, was elected Secretary. Dr. George Royal tendered his resignation to the Committee, and Dr. B. F. Bailey was appointed in his place. Dr. Bailey appeared before the Materia Medica Bureau, then in session, and asked for contributions to start the fund. Over $1,000 was at once subscribed. Dr. Mohr is ready to receive contributions, and it is hoped that the stream of them will be continuous.

A subsequent action of the Institute made this committee the Trustees of the Institute of Drug Proving, to which the president may, by appointment, add two members.

Changes in the By-Laws.

Article V., Section 1, of the By-Laws was amended to make membership in the State Society of the State in which the applicant resides a condition of eligibility for membership in the Institute. It was further amended that the qualifications to legally practice in the State be also necessary for membership in the Institute. The remaining amendments proposed last year were tabled.

The Committee on President's Address

Reported as follows: Your Committee beg to report that they commend all the recommendations made by our president in his able address. Upon which recommendation to put especial emphasis it is difficult to decide, as none of the suggestions is of minor importance. We will say, however, in your Committee's judgment the following certainly demand immediate consideration:

1. The Institute must be the supreme body, that body of which all are members, be they considered individualy, as bureaus, as sectional societies, or, still more, local bodies. Whether sectional struggle against injustice occurs, seemingly conflicting views arise or diversifying medical or surgical interests tend towards disintegration, the Institute must be the governing and judicial body to harmonize them all and to turn misdirected energy to more profitable account. The Institute needs to achieve amalgamation among its component parts if it maintains its position of dignity and holds its power as a supreme medical council.

2. This is the auspicious time and place for enlarging upon the necessary and momentous undertaking of forming a National Institute of Drug Proving.

3. The recommendation relating to building of strong bureaus in Materia Medica and Homœopathics is very pertinent, especially so when it is appreciated that a strong influence in certain quarters tends to minimize the value of our work in those distinguishing and vital characteristics of our principles of practice.

4. The advice and recommendation relative to medical educational qualifications is especially important to those engaged in the conduct of colleges and in giving medical instruction.

5. The matter of indexing and arranging for convenient and ready reference the Institute's proceedings, as suggested in Professor Foster's letter, should receive attention, and provision should be made for having the work done.

6. The Committee takes it for granted that the Institute will publish President Sutherland's address as a separate pamphlet, and cause the same to be widely distributed.

Your Committee congratulates your presiding officer upon his practical and pertinent recommendations, their business-like and concise presentation, and urges upon your body the consideration demanded by their importance,

Very respectfully submitted,
W. B. Hinsdale,
H. H. Baxter,
Geo. F. Shears,
Committee.

Memorial Services.

Memorial services were held on Wednesday evening in the main hall. Dr. W. B. Hinsdale, Chairman of the Memorial Committee, presided, and made the introductory address. Dr. C. B. Gilbert, of Washington, Necrologist, read a list of members deceased since the last meeting.

Addresses in memoriam were made as follows: Henry B. Van Norman, by Dr. G. J. Jones, of Cleveland; Horace M. Paine, by Dr. Howard L. Waldo, read in his absence by Dr. H. H. Baker; Henry M. Dearborn, by Dr. L. L. Danforth; Theodore Y. Kinne, by Dr. Thomas Franklin Smith and Egbert Guernsey, by Dr. M. O. Terry. This was followed by a general memorial tribute by Dr. Charles Gatchell.

The Lyric quartette rendered beautiful musical selections interspersing the addresses.

Election of Officers.

The election of officers resulted as follows:

President, Dr. George Royal, Des Moines, Ia.; First Vice-President, Dr. Wm. Rufus King, Washington, D. C.; Second Vice-President, Dr. Wm. Boericke, San Francisco, Cal.; Secretary, Dr. Charles Gatchell, Chicago, Ill.; Treasurer, Dr. Thos. Franklin Smith, N. Y.; Registrar, Dr. J. R. Horner, Cleveland, O.

There was no contest except for the office of secretary.

Chicago, Illinois, being the only place in nomination for the place of the next meeting, was unanimously selected.

Dr. Royal in an able speech called attention to three crying needs of the Institute; namely, a better teaching of Homœopathy in our colleges, an Institute of Drug Proving, and a better organization, and urged upon all members to work for these ends.

Report of the Intercollegiate Committee of the American Institute.

Your Intercollegiate Committee has the honor to report as follows:

All the colleges are in good condition and doing good work; we have not had presented to us a single complaint against any college.

There exists a spirit of harmony among the colleges, and a determination to work together for the advancement of all, for the A. I. H. and for pure Homœopathy as never before.

We desire to call your attention to the fact that the demand for homœopathic doctors through the country far exceeds the supply. Each college is constantly receiving urgent appeals to name a good man for excellent locations. The question as to how this demand can be met we must ask you to help us to solve. The number of young men desiring to enter the medical profession is rather diminishing than increasing, as shown by reports of all medical colleges of all schools. While the numbers are decreasing, the general standing and character of the students are materially better. The students of today are of a very much higher grade. The homœopathic colleges of today are equipped with laboratory facilities and instructors fully equal to those of the old school. Our students are as thoroughly educated in the scientific branches as any. The clinical and didactic teaching including diagnosis and pathology are certainly as thorough and complete as in the old school, and yet we have a small grievance, because some prominent homœopathic physicians, yes, and members of the Institute, send their sons and daughters, their students to old school colleges. Why is it?

We appreciate the fact that there are good reasons in individual cases, but do not feel enough reason to account for as much of this as exists.

We would most respectfully call attention to the

fact that the A. I. H. depends for its very life on the homœopathic cause. Our interests are mutual. The colleges are working harmoniously with and for each other. Will you join us and work with new vigor and fresh zeal for our mutual advancement? Will you help us to supply the demand and thus help yourselves by increased membership of men and women of whom you can be proud?

N. B. Delamater, M. D., Chairman;
George Royal, M. D., Secretary.

Entertainment by the Meissen.

An evening's entertainment was given by the ladies of the Meissen, consisting of songs and recitations, and was attended by a large and appreciative audience. Various other entertainments were given from time to time. The election of officers for the coming year resulted in the choice of Mrs. Joseph T. Cook, of Buffalo, as President; Mrs. J. R. Horner, of Cleveland, as Secretary, and Miss Louise Kinne, of Paterson, N. J., as Treasurer.

Surgical and Gynæcological Society.

The Surgical and Gynæcological Society held its sessions according to the program. Dr. W. E. Green, of Little Rock, presiding. The papers were plentiful and excellent. The following officers were elected for the coming year: Dr. C. E. Sawyer, of Marion, Ohio, President; Dr. J. W. Hassler, Philadelphia, Secreary.

The Obstetrical Society.

Under the presidency of Dr. L. L. Danforth, of New York, the Obstetrical Society held its regular meeting. The officers elected for the coming year were Dr. D. A. Foote, of Omaha, Neb., President; Dr. B. H. Ogden, of St. Paul, Vice-President, and Dr. Gilbert Fitzpatrick, of Chicago, Secretary.

The Society of Electro-Therapeutists.

Dr. N. B. Delamater, of Chicago, presided over the deliberations of this Society, and was re-elected as its president for the third time, Dr. Hills Cole, of New York, was elected Secretary.

The Bureaus.

All the bureau work was of the highest order. Fine papers were read before all of them, and the discussion at times became animated. Nearly every one was stirred to better endeavors for the cause of Homœopathy in all lines. To mention the excellent papers presented would necessitate a publication in full of the entire program.

The Local Committee.

The efficient local committee made perfect arrangements for accommodations and entertainment, so much so that an expression of thanks from the Institute, embodied in a resolution, was passed; whether this was in the nature of a balm or not we are unable to state. We do know, however, that in spite of the industrious circulation of a private correspondence, which was also brought before the Senate of Seniors and made the subject of an investigation by a committee of that august body, who found and ruled that their jurisdiction did not extend to a private correspondence, that no charges could possibly have been made against a committee that did not exist at the time the meeting place was selected, and who reported to the Institute the charges were groundless. Further, we know that all members present were satisfied that Niagara Falls is an ideal convention city, and that the local committee did themselves proud in their excellent and complete work.

A fine compliment was paid Dr. W. B. Gifford, of Attica, by the exhibitors, who presented him with a handsome case of surgical instruments. Dr. Gifford had charge of the exhibits and gave much satisfaction.

A souvenir program was issued by the local committee, which was much appreciated by the members and visitors.

The vaudeville entertainment was a great success, and the special feature of Dr. DeWitt Wilcox's monologue was a histrionic hit.

The electrical gorge route ride and display was an enjoyable feature.

Committee and Bureau Appointments.

The appointments of President Sutherland were as follows:

Bureaus.

Materia Medica.—W. A. Goehegan, M. D., Cincinnati, O., Chairman.

Clinical Medicine and Pathology.—E. B. Hooker, M. D., Hartford, Conn.

Homœopathy.—R. S. Copeland, M. D., Ann Arbor, Chairman.

Sanitary Science and Public Health.—G. B. Haggart, M. D., Alliance, O., Chairman.

Pædology.—F. F. Teal, M. D., Omaha, Neb., Chairman.

Committees.

New Members.—H. S. Spaulding, M. D., Boston, Chairman; J. W. Ward, M. D., San Francisco, Cal.; J. H. Ball, M. D., Bay City, Mich.; W. E. Reily, M. D., Fulton, Mo.; C. E. Kahlke, M. D., Chicago, Ill.

International Homœopathic Congress.—J. H. McClelland, M. D., Chairman, Pittsburg, Pa.; J. B. G. Custis, M. D., Washington, D. C.; H. F. Biggar, M. D., Cleveland, O.; O. S. Runnels, M. D., Indianapolis, Ind.; J. P. Sutherland, M. D., Boston, Mass. (by vote).

Chairman of Committee of Local Arrangements.—Dr. J. P. Cobb, Chicago, Ill.

Hahnemann Monument Standing Committee.—J. H. McClelland, M. D., Chairman, Pittsburg, Pa.

Organization, Registration and Statistics.—Thos. Franklin Smith, M. D., N. Y., Chairman.

Transportation.—W. O. Forbes, M. D., Chairman, Hot Springs, Ark.

Publication.—J. R. Kippax, M. D., Chicago, Ill.

Press.—S. H. Aurand, M. D., Chairman, Chicago, Ill.; Gilbert Fitzpatrick, M. D., Chicago, Ill.; L. C. McElwee, M. D., St. Louis, Mo.

International Bureau of Homœopathy.—G. B. Peck, M. D., Chairman, Providence.

Medical Examining Boards.—August Korndorfer, M. D., Chairman, Philadelphia.

Memorial Services.—J. W. LeSeur, M. D., Chairman, Batavia, N. Y.

Pharmacopœia.—Chas. Mohr, M. D., Chairman, Philadelphia, Pa.

On the 150th Celebration of Hahnemann's Birthday.—A. C. Cowperthwaite, M. D., Chairman, Chicago.

National Association of Clinical Records.—Walter Wesselhœft, Chairman, Cambridge, Mass.

Necrologist.—John E. James, M. D., Philadelphia, Pa.

The Reports of other Committees.

The report of the chairman of the International Bureau of Homœopathy was read. The Auditing Committee also reported satisfactorily.

The Interstate Committee reported favorably, having had most profitable meetings.

The Press Committee did not report. The press notices were very meagre.

The Life Insurance Committee was merged into the Interstate.

The Resolutions Committee.

Among the resolutions passed upon by this Committee and adopted by the Institute was one placing the treasurer under a bond of $10,000, the premium of the same to be paid by the Institute. This resolution was introduced by Treasurer Smith himself.

Expressions of approval of the work of the local committee and the Western New York Homœopathic Society, complimenting the President, endorsing the U. S. Post Office Department in excluding fraudulent advertisements, etc., were also embodied in resolutions.

The registrar was allowed $5.00 a day to employ a clerk during the session of the Institute.

The Attendance.

About 350 members were registered, and about the same number of visitors. It is estimated by the registrar that about 800 were in attendance during the sessions.

About fifty new members were added to the roll of membership; a very small number, but the Committee on New Members will change all this at the Chicago meeting.

Adjournment.

Final adjournment was made Saturday morning; a few of the faithful, some eleven in number, remained until the fall of gavel. There were no railroad attempts, and the "bath mit" company was not in evidence there nor anywhere else during the session, except before the Seniors. Sic transit Niagara.

EXHIBITORS.

The exhibitors' quarters were in the International Hotel, and being distant from the meeting halls and at the official headquarters were well visited and much interest shown in them. Among them were the following:

Boericke & Tafel

Had an exhibit of cases and publications in charge of Messrs. Tafel, French and Anshutz, the latter looking especially after the Recorder, and keeping a special eye out for publications proposed for future use.

Boericke & Runyon

Of New York, had a most complete exhibit of homœopathic goods, medicines, cases, specialties and books. It was a handsome exhibit, and under the charge of Messrs. Runyon, Hansman and Bossidy. A special feature was a handsome picture of Hahnemann.

Otis Clapp & Son

Of Boston, exhibited electrical apparatus.

Mellin's Food Co.

Distributed babies and samples of their well known and deservedly popular food. Homœopathic physicians are especially interested in this food and know it to be a good one.

The Denver Chemical Co.

Presented a fine and large exhibit of Antiphlogistine, and taught its uses to those knowing of it before. These were few, for every one knows of this excellent preparation.

The Bovinine Co.

Gave samples of Bovinine, presented the members a complete work on Hæmatherapy, showed photographs illustrating the action of Bovinine as a local dressing.

E. Fougera & Co.

Of New York, who are new exhibitors at the Institute of Homœopathy, had a fine line of samples of their goods, such as their antiseptic salt dressing, Chapoteaut's wine of lime, cypridol, etc. This was in charge of Dr. Mason, whose article on Glycogen appeared in the last issue of the Medical Century. It was a fine exhibit.

The Deimel Linen Mesh Co.

Showed samples of their excellent and hygienic underwear, taking orders for the same; many of the visitors to this exhibit were seen pushing up their sleeves to show that they were already supplied. It is the finest thing out in the line of underwear, a fact that no one doubts.

D. Appleton & Co.

Had a fine line of their publications.

R. Wagner & Co.

Of Chicago, showed their mica plate static machine, and Dr. Wagner's new X-ray tube, a description of which will soon appear in the Medical Century.

Other Exhibitors

Were our old friends Fairchild Brothers and Foster, and the C. H. Phillips Chemical Co., and the Imperial Granum Company, all of whom had excellent exhibits. The Globe Nebulizer Co., the Oakland Chemical Co., the Londonderry Lithia Co., Postum Cereal Co., Gleason's and Welch's Grape Juice Cos., the Bioplasm Co., Horlick's Food Co., Langes Tissue Food Co., Jeffreys, Fell & Co., Heinze Electrical Co., the Chattanooga Vibrator Co., the American Vibrator Co., the Physician's Standard Supply Co., Fries Bros., McKesson and Robbins, H. D. Weed & Co., of Syracuse, Allen & Hanbury, Justs Tissue Food Co., Rochester Surgical Appliance Co., Bausch & Lomb, W. D. Allison & Co., and the Maryland Casualty Co. had interesting and instructive exhibits.

COLLEGE EXHIBITS.

Boston University School of Medicine

Had a fine exhibit of pathological specimens, showing that the work done in this line is of the very highest class. It was the best pathological exhibit that has ever come to our notice.

Michigan University, Homœopathic Department,

Exhibited an album with views of the new hospital, homœopathic buildings, laboratories, clinics and general campus views.

Hahnemann College, of Philadelphia,

Had a fine and complete exhibit of anatomical and physiological and pathological specimens, the most interesting of which was Weaver's wonderful dissection of the nervous system and specimens of intestinal anastomosis most beautifully and successfully injected.

Chicago Homœopathic Medical College

Showed with some thirty microscopes bacteriological, histological and pathological specimens. A fine collection of cultures was shown, and laboratory books and drawings were a part of the excellent exhibit.

Exhibits of Periodicals.

A number of our foremost periodicals were in evidence on the tables in the lobbies of the hotels. The Medical Century presented its June issue, also the North American Journal of Homœopathy and the Hahnemannian Monthly, the Pacific Coast Journal of Homœopathy, the Forum, Progress, the Clinique; the Alpha Sigma Journal and the Chironian also were in evidence, the latter being the commencement number, and a fine one well illustrated.

OREGON HOMŒOPATHIC SOCIETY.

The Homœopathic Medical Society of the State of Oregon held their Twenty-eighth Annual Session in the Portland Library. A good number of physicions were present. The following officers were elected:

President, Osmon Royal, M. D.; First Vice-President, Callie B. Chatton, M. D,; Second Vice-President, Geo. Wigg, M. D.; Recording Secretary, Ella K. Dearborn, M. D.; Corresponding Secretary, Charles Billington, M. D.; Treasurer, Emma T. Welty, M. D.

The retiring President, Dr. Herbert Nichols, M. D., gave in his address a sketch of the rise of Homœopathy in the State of Oregon.

Dr. C. Nichols expounded the theory that catarrh is a symptom rather than a disease in itself. This paper was followed by a general discussion on cancers. H. C. Jefferds read a paper on Extra Uterine Pregnancy. Dr. Isabel Sedwick presented some cases from her note book. Dr. Osmon Royal's paper was on An Involuntary Proving of Primula Obconica. Dr. J. K. Reader presented the Society with a paper, A Medico's Observations of Japanese Medicine. Dr. Wigg read a very instructive paper on the Occult Side of Health and Disease, for which the Society presented him with a vote of thanks. Dr. Ella K. Dearborn gave a very lively speech on American Pathology. Dr. A. S. Nichols read a paper on Artificial Feeding of the New Born, which called forth a general discussion from those present. Dr. P. L. McKenzie gave a paper on The Boy is the Father of the Man. This paper was also followed by a discussion which ran into, does vaccination protect against small-pox. Several other papers should have been presented, but were not. The Society added to its number five more new members. At the close of the morning session the Society took lunch together at the Hotel Portland. The Society adjourned at 4:30 P. M. on the 15th, to meet again at the call of the President.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

This Society convened at Niagara Falls on Monday, June 20th, continuing its sessions until Wednesday, the 22d. Dr. Herbert D. Schenck, of Brooklyn, N. Y., presided. Dr. J. I. Dowling, of Albany, occupied the secretary's chair. The attendance was above the average, and of the forty-two papers entered upon the program, all but three were read. The spirit of Homœopathy seemed to have pervaded this year's meeting, nearly all of the papers specifically mentioned homœopathic treatment, and an entire evening was devoted to a Materia Medica symposium on drugs affecting the eye, ear, nose and throat, clinical cases, etc.

The chief feature of the business sessions was the discussion of the question of uniting with the American Institute of Homœopathy as a sectional society of that body. The forces in favor of this union were led by Dr. R. S. Copeland, of Ann Arbor. The decision reached was that it was inexpedient to join this year, but the Society placed itself on record as being desirous of uniting, and appointed a committee of seven to confer with the Institute authorities with this end in view. The probabilities are that a union will be effected next year. The officers elected were: R. S. Copeland, M. D., Ann Arbor, President; H. W. Hoyt, M. D,. Rochester, First Vice-President; J. L. Moffat, M. D., Brooklyn, Second Vice-President; D. W. Wells, Boston, Secretary; G. De Wayne Hallett, New York, Treasurer.

Conference Committee.—R. S. Copeland, M. D., Ann Arbor, Mich.; H. P. Bellows, M. D., Boston, Mass.; E. J. Bissell, M. D., Rochester, N. Y.; E. L. Mann, M. D., St. Paul, Minn.; G. W. McDowell, M. D., New York; W. R. King, M. D., Washington, D. C.; H. D. Schenck, M. D., Brooklyn, N. Y.

BOOK REVIEWS.

Complete Medical Formulary.

J. C. Wilson, M. D. J. B. Lippincott Co., Philadelphia.

This handy volume contains about 2,500 prescriptions from physicians of experience. A list of new drugs and their dosage, solubilities and therapeutic application. It is full of useful information.

How to Attract and Hold an Audience.

Hinds & Noble, New York.

Probably no one study is more neglected by the majority of people than elocution. In youth it is avoided, and there comes a time when this neglect causes repentance. There are a few who possess a gift of speech-making, and they carry off all the honors of the various occasions in which they are called.

This work is for those who have not this gift and for those who have it in an undeveloped state. It is therefore most helpful, and any physician will derive great value from it. It is of a high class, logical and convincing in method; he who reads it will do better; he who studies it will be a master in the art.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

NEW YORK AND CHICAGO.

Subscription, Two Dollars Per Annum.

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JULY 1, 1904.

Editorial.

EVANGELISTIC WORK.

The necessity of enlightening the people as to the claims of the homœopathic system of practice was recognized by the earliest practitioners of Homœopathy in this country. Dr. Constantine Hering in 1847 published four "Homœopathic Tracts for the People," the last of which was entitled: "Trial of Dr. Pelleteer in the County of Pukedom, Charged With Practicing Homœopathy, and Condemned to be Expelled From the Ranks of the Regular Profession." Many other tracts of like nature were issued by the early fathers of Homœopathy in America, but nothing was done in a systematic way until the appearance of William Sharp's "Tracts on Homœopathy" in 1852, these were twelve in number, and reprinted from the English editions, and were issued in book form by Radde, and later by Boericke & Tafel. Each tract passed through a large number of editions, and had a most extensive circulation in this country as well as in England. They were the means of converting thousands of people to the homœopathic faith, many of whom became practitioners of Homœopathy. These tracts were largely of a controversial nature, and were chiefly devoted to answering attacks of the old school. In many instances the answers were as venomous as were the attacks upon the system to which they were replies.

In 1886 there was formed in England a homœopathic league, which was born at a dinner at which were present Drs. J. P. Dake, of America; R E. Dudgeon, D. Dyce Brown and J. H. Clarke, of England. The object of this league was a systematic appeal to the public on the subject of Homœopathy. This movement was deemed necessary in England on account of the attitude of the old school towards Homœopathy in that country, These tracts, fifty-four in number, were small pamphlets on all points of Homœopathy; like Sharp's, they were in many instances controversial, and owing to the treatment of our school in England, where the majority were written, there was necessarily considerable acridity shown in not a few of them. They served a splendid purpose, made hosts of converts and brought to the public a respectful knowledge of Homœopathy. It is our belief that much of the present prosperity of the homœopathic system in England may be traced to the influence of both Sharp's and the Homœopathic League tracts.

There is today in our country a need for a continuance of this evangelical work for the cause of Homœopathy. The opposition to Homœopathy on the part of the old school is less bitter and less venomous than it was in the days of Sharp and the Homœopathic League, but no less determined or resolute in the endeavors to check its growth. Tc offset these endeavors agitation is needed. If we can place in the hands of the public popular expositions of the essential doctrines of Homœopathy, if we can inform the public what Homœopathy means and diffuse a knowledge of it among all classes, we will not only facilitate the spread of our system and increase its appreciation, but also be doing a real service to humanity by enlightening them as to the better way in medicine. If we can by means of a well ordered propaganda place the plain facts of Homœopathy before the public, respect and approval will result.

There has been no one in our school who has been more insistent on the benefits to be gotten and the necessities of this evangelistic work than Dr. H. F. Biggar, of Cleveland, Ohio. Not only has he advocated that this be done in the meetings of our societies, but now he is willing to do something in a practical way. Impressed by the success of the former prize essay contest of the Medical Century, through his generosity he enables us to make the following announcement for another prize essay competition:

An essay not to exceed 3,000 words under any title the writer may select whose object shall be to present the claims of the homœopathic system of medicine to the general public. In writing the same the stand should be taken that what is written is to serve to enlighten people who are either totally unfamiliar with the tenets of Homœopathy either from ignorance or prejudice, and to bring before them in simple language the advantages of our system. While comparisons with the allopathic system will be necessary, it is desired that there be no bitter antagonism shown, and nothing incorporated therein of a like nature. The ultimate object of the essays is to furnish practitioners of medicine with material to spread broadcast to their friends and acquaintances in order to popularize the homœopathic system and serve the cause of suffering humanity.

For the best essay fulfilling the foregoing require-

ments a cash prize of fifty dollars ($50.00) will be given. For the second and third best essays prizes of thirty dollars ($30.00) and twenty dollars ($20.-00), respectively, will be given.

Prizes.

1. All essays must be typewritten and on one side of paper only.

2. The length of the essays must not exceed 3,-000 words.

3. Nothing should appear on the essays indicating who the writer is, they should be signed with a nom de plume only, and the name of the writer together with his nom de plume in a sealed envelope should accompany each essay.

4. All rights in the essays submitted shall be vested in the Medical Century.

5. All essays must be in the hands of the editor of the Medical Century by January 1, 1905, when the competition will close.

The president of the American Institute of Homœopathy will be asked to appoint a committee to examine and report upon the essays, after which the prizes will be distributed, and the essays printed in the Medical Century and reissued in pamphlet form. As the essays are to be devoted especially to the popularizing of Homœopathy, it is not unlikely that the committee selected will be prominent laymen instead of physicians; this will be announced in a later issue.

The great success of the former Medical Century prize essay on "Why Students of Medicine Should Select the Homœopathic School" should serve as a stimulus for writers on this, a much simpler topic.

A long and exhaustive essay is not required, the limit of length is less than a third of the former essay. We hope to receive a large number of papers in response to this call; we believe that tracts of this sort will be productive of great good to Homœopathy. The editor will gladly answer any inquiries as to points not covered by this announcement.

EDITORIAL BREVITIES.

Stellaria Media.

The excellent proving of this drug which was conducted by the University of Michigan Chapter of Alpha Sigma Fraternity, and published in pamphlet form recently, shows the drug perhaps to have a useful sphere of action, coming in between Nux vomica and Pulsatilla. It has the aggravation from warmth and the relief from motion the same as Pulsatilla, and which is directly the opposite of Nux vomica. It has the morning aggravation of Nux vomica, and its head, liver, stomach and bowels symptoms resemble Nux rather than Pulsatilla, so we may regard it as worthy of trial and with confidence in cases of rheumatic diathesis presenting symptoms found under both Nux and Pulsatilla. It seemed to affect those of a sluggish habit more profoundly, and no change seemed to be produced in the blood. No urinary changes were manifested which woud seem to prove that one may have severe pains of a rheumatic nature without the kidney secretion and excretion being altered. It produced plenty of liver manifestations both in that organ, its region and in the intestines. There is a good field of usefulness for Stellaria in what might be termed a sluggish hepatic-rheumatic condition, where the liver is primarily at fault and where its torpor reflects painfully on the muscular and articular structures throughout the body.

There has been organized a Michigan Society of Drug Provers, which is officered and managed by men of Alpha Sigma Fraternity, though in its practical work it goes outside of the fraternity for provers. It would not be a bad idea for some of our progressive young women in our coeducational schools to establish an Alpha Sigma Sorority to aid their brethren of the fraternity in their good work of drug proving which is fast making the various chapters famous.

Editor's Table.

GENERAL NOTES.

The genial editor of Progress, one of our Denver contemporaries, speaks admiringly and approvingly of the Medical Century prize essays, and hopes they will have a wide distribution.

Dr. William Boericke, of San Francisco, author of Boericke's Compend of Materia Medica, spent some time with his friends of the East last month.

There are two young men in the Nebraska State Society between whom it is hard to discriminate which is the Younger. One is Dr. G. A. Young, of Lincoln, and the other is Dr. G. A. Young, of Ponca. Each one appeared on the Bureau of Mental and Nervous Diseases at the recent meeting with very interesting papers. Dr. G. A. Young, our representativa at Ponca, had a very pleasing and instructive paper upon "Hysteria." Our most efficient representative in the State Hospital for the Insane at Lincoln, Neb., Dr. G. A. Young, had a most excellent discussion upon the "Therapeutic Hints in the Early Treatment of Insanity." No matter how Young these gentlemen may be, they are very useful members of the State Society.

Every physician present at the recent meeting of the Nebraska State Homœopathic Society had a long list of good places where homœopathic physicians are greatly needed.

Dr. H. R. Miner, of Falls City, Neb., has recently been appointed city physician in his home town.

The Cleveland Homœopathic College Reporter in its May issue reviews Dr. McConkey's essay, and has nothing but kind words to say of the Medical Century. For all of which we desire to express our appreciation.

A physician desiring to obtain a license to practice in all the States of the Union would be obliged to pay over $500 for examination fees and certificates of registration. In twelve States the cost is $25.00

each for the examination fees alone. In eighteen States the cost is $10.00, and in several the fees are $15.00 and $20.00.

Among the exhibits at the St. Louis Exposition in the pharmaceutical and chemical display, which, by the way, is in the Palace of Liberal Arts, will be found that of W. R. Warner & Co., of Philadelphia. This firm prepares many things that Homœopaths use; they are liberal patronizers of our homœopathic periodicals, and our readers who visit the fair should tarry a while and observe their handsome display.

The graduating exercises of the Boston University School of Medicine were held on June 1. Twenty-seven students were graduated in homœopathic medicine. The annual business meeting and banquet was held the preceding evening. Dr. Sarah S. Windsor, of Boston, was elected president.

Dr. H. O. Skinner, Hahnemann, Chicago, '04, after the usual competitive examination, received the only homœopathic appointment in the City Hospital in St. Paul, Minnesota. Dr. Skinner will be a strong addition to the forces of our Northwestern Territory.

Dr. George Allen Davies, of Warren, Pa., was united in marriage to Miss Ella Bedford Carter, on June 15. Warren is to be their future home.

Dr. Percy W. Shedd has been appointed to the chair of bacteriology in the New York Medical College for Women.

Our good friend Arndt, of the Pacific Coast Journal of Homœopathy, editorially apologizes to the Medical Century for reprinting a copyrighted article. While we accept the doctor's graceful apology, we will state that the Medical Century never made any accusations in its pages against the action of the Pacific Coast Journal. It realizes with pleasure that the said P. C. J. and its editor know a good thing when seen, and the copyright does not extend to the reproducing of such in the P. C. J.—and good old Arndt—wonder if he is old—may sleep in peace over the episode.

The California State Homœopathic Society had a successful meeting at Santa Cruz on May 11, 12 and 13, Dr. A. C. Peterson, of San Francisco, president. The officers elected for next year were: President, S. S. Salisbury, of Los Angeles; First Vice-President, T. G. McConkey, of San Francisco; Second Vice-President, Ruth P. Bennett, Santa Cruz; Secretary, G. E. Manning, San Francisco; Treasurer, C. L. Tisdale, Alameda. Santa Barbara was chosen as next meeting place.

Dr. M. B. Campbell has resigned from the superintendency of the Southern Homœopathic Insane Asylum. He will probably remain in office till his successor is appointed.

The May issue of the Pacific Coast Journal of Homœopathy contained a most excellent report of the California State Homœopathic Society meeting at Santa Cruz. The most interesting paper presented, or at least the most stirring one, was "The Problem of the Homœopathic College," by Dr. William Boericke, of San Francisco. One of the discussors of this paper, whom we have always had to forgive for his ignorance of our university schools and clinics, and to condemn for his bigoted unbelief in the possibility of their being of any use, gives as a reason for non-university affiliation that Iowa and Michigan are failures because they have small classes. We would call the doctor's attention to the fact that there are eleven colleges that have smaller classes than Michigan, and ten smaller than Iowa, and we have but nineteen colleges.

The Kentucky State Homœopathic Society held its annual meeting in Lexington on May 25 and 26. There was a large attendance, and the bureaux were all well filled. The officers elected for the coming year were: President, Dr. George S. Coon. Louisville, Ky.; Vice-President, Dr. C. E. Smoot, Richmond; Secretary, Dr. H. M. Glendenin, Louisville; Treasurer, Dr. J. H. Banta, Somerset; Censors, Drs. H. T. Smizer, Cynthiana; A. K. Kleiser, Eminence and R. L. Milton, Fox Creek. Among visitors present were Drs. C. E. Walton, T. M. Stewart and C. A. Pauly, of Cincinnati; Dr. O. S. Runnels, of Indianapolis; Dr. C. E. Sawyer, of Marion, O., and Dr. C. F. Smith, of Paris, Ill.

Dr. Louis P. Crutcher, our Kansas City correspondent, has removed his office to one of Kansas City's new office buildings, called the Grand, on 1115 Grand avenue.

The American Obstetrical Society holds an annual meeting in Chicago in December. Dr. Sheldon Leavitt is President; Dr. George C. Jeffery, of Brooklyn, N. Y., is Treasurer, and Dr. Gilbert Fitzpatrick, Secretary. From its officering one would take it to be a homœopathic society.

There is some prospect that there may be an affiliation of Hahnemann Medical College of Chicago with the University of Ilinois. This is good news, and the Medical Century hopes that no time will be lost in effecting such affiliation. We would like to see homœopathic departments in every university where medicine is taught.

Several of our subscribers have sent in requests for special articles. One especially desires articles on "Secondary Anæmia" and "Suppressed or Delayed Menstruation." Here is a good chance for some homœopathic therapeutics.

Dr. Lewis P. Crutcher, ex-President of the Missouri Institute of Homœopathy, has accepted an invitation to deliver a special course of lectures the coming winter in Hahnemann Medical College of Chicago.

Dr. Wm. Francis Honan will, as usual, be at the "Matthewson," Narragansett Pier, Rhode Island, from July 1st to September 20th.

Our esteemed contemporary, the North American Journal of Homœopathy, showed a commendable enterprise in publishing a schedule of the various society and bureau meetings of the American Institute at Niagara Falls. It was a scheme much apreciated by the members.

Dr. E. P. Mills, of Olathe, Kansas, has been elected President of the Kansas Board of Health. A most excellent appointment, and we congratulate Kansas thereon.

Dr. Milton H. Baker, of 4806 North Clark street, Chicago, is desirous of communicating with every alumnus of the Hahnemann Medical College of Chicago. He is the Secretary of the Alumni Association. Send him your address.

Dr. C. E. Silbernagel, of Columbus, Ohio, and Miss Evelyn Sprague Metcalf, of the same city, were married on June 14th. Dr. Silbernagel is the efficient Secretary of the Ohio State Homœopathic Society.

The commencement exercises of the homœopathic department of the University of Michigan were held on June 23d. Eighteen received the degree of Doctor of Medicine.

Class day exercises of the senior class of the homœopathic department of the University of Michigan were held on June 17th. Drs. J. C. Wood, of Cleveland, Ohio; M. E. Graham, of Rochester, and Charles Gatchell, of Chicago, were among the visitors. A banquet was served in the hospital. Gynæcological and surgical clinics were held. Dr. A. H. Hoyt, of Battle Creek, presided at the banquet as class president.

A "good will" dinner was given to Dr. J. D. Buck, of Cincinnati, by the faculty of Pulte College on his retiring from the deanship. It was commemorative of his long years of faithful service.

Dr. Frank Kraft informs us that he is commencing arrangements for another European tour for 1905 or 1906. Better commence to plan to go this time. The doctor is an experienced traveller, been over we do not know how many times, and once under our tutelage.

CHICAGO NOTES.

C. A. HARKNESS, M. D., CHICAGO, ILLINOIS.

J. N. Downs, of Ottawa, Ill., is in this city taking a special course in the private laboratory of Dr. Clifford Mitchell, in urinary analysis.

Dr. T. I. Motter was injured in a golf game recently, owing to the carelessness of another player. He was struck in the head with a ball and was rendered unconscious for a short time. He has now entirely recovered from the effects of the injury, but he had a narrow escape from a serious if not fatal injury.

Dr. Charles Latham, who has been associated with Dr. Shears, has purchased the practice of Dr. C. G. Dwight, of Darlington, Wis., and has gone there to take charge of the practice. Dr. Dwight is now in Chicago taking a post-graduate course, and has not yet decided where he will locate.

There is a good opening for a young doctor at Western Springs, a town of about 800 inhabitants on the Burlington railroad. It is one of the suburbs of this city, and is said to be growing rapidly. There is at present no doctor of any school there.

Dr. Rollin Schwartz, who graduated this year from Hahnemann, is associated with Dr. Burton Haseltine, and is located in the Reliance building, at 100 State street.

Dr. Willey Erbe, who has been taking a post-graduate course in Hahnemann, has returned to his home in Berlin. He is a graduate of the University of Bavaria, at Munich, but he says that the American schools are ahead of the European ones in many ways, we using many things that they had not learned. He was very much pleased with the work that he had here.

Dr. D. J. Evans has removed his office from Thirty-first and Calumet to Fifty-eighth and Calumet, where he has a very handsome office in a building which has just been completed.

Dr. L. L. Herriman, who has just completed his term as interne in the Hahnemann Hospital, has located at Maas City, Mich., being associated with Dr. W. P. Hanna.

It was announced that Hahnemann Medical College and Hospital had been affiliated with the University of Illinois, and in the future would constitute a homœopathic department of the State University. As is usually the case, the papers were a little premature in making this announcement, as the arrangements have not been as yet completed, but it is hoped and expected that they soon will be. The State authorities have made the college an offer for their grounds and buildings, but it has as yet not been accepted. It is to be hoped that terms can be agreed on, as it means the recognition of Homœopathy in this State, a condition which has never existed before.

At a recent meeting of the faculty of the Chicago Homœopathic Medical College officers and teachers for the coming year were elected. No change was made in the corps of officers except that Dr. F. C. Ford was elected treasurer in place of Dr. E. E. Vaughan, who resigned, and the choosing of Hon. Rush Butler as secretary. In the faculty only a few changes were made. Dr. S. P. Hedges was elected professor of practice of medicine; Dr. F. S. Whitman, Superintendent of the Eastern Illinois Hospital for the Insane, was chosen as professor of mental diseases; Dr. W. J. Anderson, associate professor of mental and nervous diseases; Dr. G. C. Amerson, lecturer on surgical pathology; A. E. Kjellberg, lecturer and demonstrator of manual therapeutics; Rush C. Butler, special lecturer on jurisprudence; Dr. Paul Higbee, instructor in physiology; Dr. C. A. Harkness, clinical assistant in ophthalmology and otology; A. M. West, M. D., clinical assistant in pediatrices. Others of the faculty were advanced to professorships and adjunct professorships. Nearly all of the old men are on the faculty as formerly. A new course in manual therapeutics has been added, and there will also be more clinics than ever. Dr. Costain will have a surgical clinic, he having the work on the genital organs and rectum. Drs. McBurney and Motter will have general surgical clinics.

WASHINGTON NOTES.

J. H. BRANSON, M. D., WASHINGTON, D. C.

The last meeting for the season of the Homœopathic Medical Society was held June 7th. Owing to the warm weather the attendance was very small. The paper for the evening upon the Summer Diseases of Children, by Dr. L. D. Wilson, had to be omitted owing to the unavoidable absence of Dr. Wilson.

Dr. W. R. King and Dr. J. B. G. Custis were appointed to represent the Society at the coming Institute meeting at Niagara Falls.

The term of service of Dr. S. S. Stearns and Dr. W. R. King upon the Board of Medical Examiners having expired, two appointments were made, as follows: Dr. L. B. Swormstedt, Dr. S. S. Stearns.

The meeting then adjourned until the first Tuesday in October.

The Clinical Club held an interesting meeting at the home of Dr. Swartwout, May 9th.

The Medical and Surgical Club held their meetin at the office of Dr. Macdonald, May 26th.

Commencement exercises of the National Homœopathic Hospital Training School for Nurses were held in the ball room of the new Willard, on the evening of May 24th. The following young ladies received diplomas: Miss Lulu J. Barr, Miss Margaret E. Reamy, Miss Eula Pollei, Miss Mabel Kroh, and Miss Blanche Wilcox.

Hon. Henry L. West, Commissioner of the District, made a very interesting speech. Dr. Reginald Munson, representing the medical staff, also addressed the nurses in fitting manner.

The corner-stone for the new building of the National Homœopathic Hospital was laid June 9th, with very impressive and interesting ceremonies. Hon. H. B. F. Macfarland delivered the address of the occasion.

Dr. A. H. Taylor has just returned from taking the three weeks' practitioners' course in the New York Homœopathic College. He reports an exceedingly interesting and instructive course, and speaks very highly of the courtesy and interest shown by those professors in charge. It was attended by men from all parts of the United States, and he refers particularly to the fact that all of them were especially interested in Materia Medica, and nearly all attended that branch, while many were there principally for specialties.

Dr. McPherson Creighton has removed his office and residence to the Rochambeau Apartment House.

Dr. Richard Kingsman recently spent a week recuperating at Atlantic City.

Dr. W. R. Buchanan will move his office, June 15th, from 1324 L street, N. W., to the Plymouth. Office hours, 8 to 10 A. M., 4 to 6 P. M.

Dr. C. F. Warner, of Narberth, Pa., graduate of the class of 1904, of Hahnemann, Philadelphia, has been appointed junior interne of the National Homœopathic Hospital. Dr. William Hilliard, the former junior, having been promoted to senior interne in place of Dr. H. I. Silvers, whose term as senior expired June 1st. Dr. Silvers will assist Dr. W. R. King in special work.

Dr. John R. Sharp spent several days at his home in Philadelphia, attending the wedding of his sister, Miss Eva Sharp.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. R. R. Rome, of Minneapolis, who has but recently returned from several months' post-graduate work in the East, had the misfortune to lose by fire a detached kitchen and dining room at his summer home near Minnehaha Falls.

Dr. Bert V. Lares has removed from Maple Plain to Delano, Minn., and reports business good in his new location.

Dr. E. C. Abbott, Black River Falls, Wis., reports that he has disposed of his practice in that city to Dr. King, of Fairchild, Wis., and will give possession immediately. Where Dr. Abbott will locate has not been decided positively.

We are pleased to announce that Dr. Bessie Park Haines has returned to Minneapolis once more.

Dr. Henry Hutchinson, of St. Paul, was recently elected President of the Minnesota State Board of Health, a fact that is of interest, inasmuch as Dr. Hutchinson is a Homœopathist.

Dr. E. Weldon Young, of Seattle, Wash., a former Minneapolitian, and a graduate of the Homœopathic College of the Minnesota University in its early years, was recently married to Miss Hazel Maydwell, at her home in San Francisco, Cal.

Dr. Wm. E. Leonard, of Minneapolis, has disposed of his residence in Minneapolis, and, while maintaining his office in the Andrus building as before, will, with his family, rusticate during the summer at Lake Minnetonka, one of the many beautiful lakes in this State.

Dr. E. L. Hall, of Russell, Minn., and Miss Florence Picke, of Eau Claire, Wisconsin, were married at the home of the bride on April 28th. Their many friends are extending congratulations.

It is reported that Dr. Arthur M. Eastman (Hahnemann, Philadelphia, '80), of St. Paul, has given up his homœopathic affiliations for a mess of potash, and has joined the forces of the enemy.

Dr. Henry Hutchinson, of St. Paul, one of the older practitioners of the State, and President of the State Board of Health, is prominently mentioned as a candidate for the position of health officer of the Panama Canal—a position which he wouldl fill with ability.

The graduating class of the College of Homœopathic Medicine and Surgery of the University of Minnesota, is composed of the following: J. A. Ballard, St. Paul, who will be interne at the Minneapolis City Hospital the coming year. C. W. Wilkowske, Minneapolis; Mrs. J. A. McKean, Minneapolis, and C. O. Cole, Fergus Falls, who will be one of the internes at the Metropolitan Hospital, New York City.

Dr. Henry M. Pollock, Superintendent of the State Hospital for the Insane at Norwich, Conn., formerly Assistant Superintendent at the Fergus Falls, third State Hospital, Minnesota, has been succeeded at the latter place by Dr. F. S. Wilcox, Hahnemann, Philadelphia, 1894, recently of Boston, Mass., and the Newton Nervine.

Dr. Frank R. Sedgley, B. U. S. M., '01, recently connected with the Massachusetts Homœopathic Hospital at Boston, has been appointed an assistant physician at the third State Hospital at Fergus Falls, Minn., succeeding Dr. Nathan T. Daleman, who has located at Battle Lake, Minn.

KANSAS CITY NOTES.

BY LEWIS P. CRUTCHER, M. D.

Dr. Geo. A. Dean was in consultation near St. Louis somewhat recently, and took advantage of the close proximity to the World's Fair city to attend the exposition.

Unfortunately the good doctor got himself entangled in the meshes of the annual "shoot" of the Missouri Gun Club, and his description of the Fair leaves no other conclusion than that he forgot the exposition, "lock, stock and barrel."

Dr. A. E. Neumeister has returned to Kansas City, and is located in the Shukert building.

Dr. Neumeister's announcement card states that hereafter he will devote his entire attention to the practice of medicine.

The Kansas City Hahnemann Medical College recently held its annual election of officers. Dr. Chas. Ott is President, Dr. Moses T. Runnels was promoted to the Deanship, and Dr. B. B. Andrews, Jr., is Registrar.

Dr. William Maclay Lyon was elected Vice-President of the Missouri Institute in April. Dr. Lyon worked earnestly and appreciatively for the Institute both before and during the meeting.

Dr. Henry Crosky, who suffered a fractured leg sometime ago, has entirely recovered from the injury.

Your correspondent has removed his office to the new office building, 1115 Grand Ave., suite 523, 524, 525.

Dr. E. R. Heath has recovered from a recent severe illness.

Dr. C. E. Legg (K. C. H. M. C., '04) has located at 1512 Spruce St., Kansas City.

Dr. H. Preston Gilstrap, of Washington, Kansas, was in Kansas City the past month renewing acquaintances and attending to important personal matters.

Dr. W. E. Reily, the energetic chairman of the Committee on Legislation of the Missouri Institute, has sent out another letter, urging the Missouri Homœopaths to "get busy."

Probably the Homœopaths of Missouri are too busy to "get busy."

The writer will have the honor to deliver a special course of lectures on Homœopathy in the Chicago Hahnemann College the coming winter. He has resigned from the Kansas City College.

The Missouri Valley Homœopathic Medical Association will meet in Des Moines, Iowa, sometime in October.

Drs. A. P. Hanchett and E. B. Woodward, the efficient President and Secretary (respectively), are already busy that we may have a great meeting.

Dr. W. A. Forster has suffered an attack of acute cerebral congestion, and is at this writing a very sick man.

His attending physician hopes for his immediate recovery.

Dr. B. B. Andrews has been in Colorado the past two weeks looking after mining interests.

OBITUARY.

Dr. J. Elwood Peters, Jenkintown, Pa., May 16, graduate of Hahnemann Medical College of Philadelphia, 1875.

Dr. A. M. Woodward, New Yory City, May 20. New York Homœopathic College, 1862. For thirty years Dr. Woodward was attending physician at the Protestant Orphan Asylum.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

On May 17th, at the Masonic Temple, in Minneapolis, there convened the thirty-eighth annual session of this Society, which numbers among its members representative Homœopathists, not only of Minneapolis, but of Wisconsin and North and South Dakota. The meeting was called to order by President Henry C. Aldrich, of Minneapolis, and the regular order of business, as outlined on the most excellent program, prepared by Secretary E. L. Mann, of St. Paul, was taken up. The resignation of Dr. Joseph Davidson Lewis, of St. Paul, was presented and accepted. The papers were many and valuable. Particular mention must be made of those by Dr. B. H. Odgen, of St. Paul, on "The Use of Forceps in Occiput Posterior Positions," in the Obstetrical Bureau, and also the three papers presented to the Bureau of Homœopathy at the evening session by Drs. W. H. Leonard, of Minneapolis, who, by the way, is the Nestor of Homœopathy in the State, on "Similia vs. Empiricism;" Raymond del Mas, of Centerville, on "How Do We Prescribe," and a "Resume of the Organon of Healing," by R. B. Leach, of St. Paul.

Other papers were read by Dr. Eugene Hubbill, of St. Paul, on "Life Essentials;" Dr. Norman M. Smith, of Minneapolis, on "Inflammations and Ulcerations of the Virgin Cervix;" Dr. Cora Smith Eaton, Minneapolis, on "Ovaritis;" Dr. B. H. Odgen, of St. Paul, on "Conservatism in Its Relation to the Secondary Operation;" Dr. Martha G. Ripley, of Minneapolis, on "Puerperal Eclampsia," and Dr. Geo. F. Roberts, of Minneapolis, who wrote exhaustively and ably on the "Treatment of Salpingitis."

A peculiar fact may be noted that three of these gentlemen, are the staunchest and most devoted of Homœopathists, are graduates of old school colleges, and have grown up out of the darkness of allopathic therapeutics into the daylight of the better and more scientific therapy of Hahnemann's followers.

The Alumni Association of the College of Homœopathic Medicine and Surgery of the University of Minnesota, held its annual meeting on the evening of Tuesday the 17th, and under the guiding hand of its able president, Dr. A. J. Hammond, of Winnebago City, many good things were said and done; among others, the election of Dr. O. K. Richardson, of Minneapolis, to the presidency. Wednesday, the second day of the session of the Institute, brought out an unusual attendance. The Bureaus of Surgery, Eye Ear, Nose and Throat, Pædology, Electro-therapy and Clinical Medicine reporting the following papers: "Benign Breast

Tumors," by W. B. Roberts, Minneapolis; " Tropical Abscess of Liver," by P. E. Riley, St. Paul; "Appendicitis and Disease of the Uterine Appendages." by Geo. F. Shears, of Chicago; "Diagnosis of Tuberculous Disease of Joints," by A. E. Booth, Minneapolis; "Mesenteric Lymphangitis With Metastasis to Lungs and Pleura," by A. H. Hall, St. Paul, were presented by Dr. A. E. Comstock, Chairman of the Bureau of Surgery. "Complications and Sequelæ of Middle Ear Suppuration," by Dr. H. H. Leavitt, Minneapolis, was the first offering of Chairman Geo. M. Haywood, who marshalled the forces of the eye and ear men. Next came "Corneal Ulcers," by E. H. Smith, of Bernidji; then "Catarrhal Deafness," by the chairman; then Dr. F. M. Gibson wrote entertainingly of "The Eye in Renal Diseases." Chairman Lufkin, of St. Paul, presented three papers in Pædology: "Capillary Bronchitis," by W. H. Bigler, of Philadelphia; "The Relation of Homœopathy to Bacterial Diseases," by J. H. Moore, of Brookline, Mass., and his own on "Sudden Death in Infants." Dr. F. J. Gray, as Chairman of Electro-therapy, presented three papers: "The High Frequency Current; Its Physics, Physiology and Application," by Anna Hurd, Minneapolis; "Electricity in Dysemnorrhœa," by Margaret Koch, Minneapolis, and his own paper, entitled "Forms of Electrical Energy and Clinical Cases."

Chairman A. S. Wilcox, of Clinical Medicine, presented five papers, as follows: "Typhoid Fever and Impure Water," by Dr. P. M. Hall, Health Officer of Minneapolis; Dr. Geo. E. Clark, of Stillwater, reported "Some Cures in Dispensary Practice;" Dr. Clifford Mitchell, of Chicago, wrote interestingly on "The Beginning of Interstitial Nephritis;" Dr. D. M. Graham, of Le Sueur, wrote on "Suggestion and Its Relation to the Cure of Disease;" while the bureau closed with the paper of Dr. L. A. Williams, of Iowa, on "Hysteria."

The election of officers occurred at 5 P. M., and resulted as follows: President, State Senator A. B. Cole, of Fergus Falls; Vice-Presidents, R. B. Leach, St. Paul, and A. S. Wilcox, Minneapolis; Secretary, E. L. Mann, St. Paul; Treasurer, Margaret Koch, Minneapolis; members of Executive Committee, Minneapolis, H. H. Leavitt, '06, G. E. Dennis, '06; St. Paul, E. Hubbell, '06, F. L. Beckley, '06, O. H. Hall, '06; State, J. H. Beatty, '06; St. Cloud, A. J. Hammond, '06; Winnebago City, Geo. E. Clark, '06, Stillwater. Censors, H. C. Aldrich, B. H. Odgen, G. G. Balcom. Interstate Committee, A. I. H., Drs. S. Briggs and E. L. Mann.

At six o'clock the Minneapolis physicians entertained visiting physicians and their wives to the number of seventy-five, at a very enjoyable dinner, served in the dining room of the Masonic Temple, following which there was a social evening, entirely informal, which allowed all the opportunity of becoming better acquainted. At eight o'clock there occurred the address of the retiring president, Dr. H. C. Aldrich, of Minneapolis, which was the feature of the evening. His subject was "Loyalty."

He began with an analytical study of loyalty in the abstract, and made a practical application of the truths brought out to the Institute and to the school which it represents.

Among other things Dr. Aldrich said: "The motto of loyalty is, 'serve thy cause first, thyself last.'

"What truer friend could you or I possess than the ofttimes and proven rock upon which our therapeutic faith is built—the law of similars!

"As your loyalty grapples its faith in one arm, let the other embrace with constancy your brother practitioners. 'No man liveth to himself.'

Dr. C. D. Collins, of Chicago, was called upon for a few remarks, and responded happily. Dr. A. B. Cole, of Fergus Falls, State Senator, and the president-elect of the Institute, spoke briefly and earnestly in acknowledgment of the honor he felt was conferred upon him. Mrs. Dr. Asa Wilcox spoke for the women in a bright and happy vein, and her remarks were highly appreciated and enjoyed.

On Thursday, the 19th, Dr. A. P. Williamson, as Chairman of the Bureau of Mental and Nervous Diseases, presented three papers: "Hallucinations," by Dr. J. D. Buck, of Cincinnati, O.; "Dementia Præcox," by M. E. Ashley, of Middletown, N. Y., and his own paper on "The Importance of the Early Recognition and Treatment of the Symptoms of Insanity." At 2 P. M. the Bureau of Materia Medica was called, and its Chairman, Dr. W. E. Leonard, presented three papers: "Aconite and Belladonna," by Dr. D. W. Horning, Minneapolis, being an appeal for a more thorough knowledge of the Materia Medica and a denunciation of the routine or empirical prescription of these two inimical remedies at the same time. Dr. W. E. Leonard, of Minneapolis, wrote on "China as a Tonic," and Dr. A. J. Hammond, of Winnebago City, read a most excellent and interesting paper, entitled "Why?" Dr. Thos. Lowe, of Slayton, as Chairman of the Bureau of Skin and Venereal Diseases, presented three papers, the first of which was by Dr. Perry, of Farmington, on "Two Cases of Blasto-mycetic Dermatitis." "Rosacea and Its Treatment," was the subject of the paper presented by Dr. C. D. Collins, whose presence and whose discussions of other papers was an extremely pleasant feature of the meeting. The last paper of the bureau and of the meeting was presented by Dr. L. T. Ashcraft, of Philadelphia, and was entitled "Tuberculosis of the Testicle and Epididymis." Following this was an informal discussion of the abvisability of establishing a new homœopathic journal, and a vote was taken pledging the support of the Institute to such a venture, and then the president-elect, Dr. A. B. Cole, announced the following bureau chairmen for 1905:

Sanitation, Henry Hutchinson, St. Paul; Pathology, W. C. Roberts, Owatonna; Gynæcology, Norman M. Smith, Minneapolis: Obstetrics, Hugh J. Tunstead, Minneapolis; Homœopathy, A. S. Wilcox, Minneapolis; Surgery, P. A. Higbee, Minneapolis; Eye, Ear, Nose and Throat, L. D. Shipman, Minneapolis; Pædology, D. W. Horning, Minneapolis; Electro-therapy, L. M. Roberts, Little Falls; General Medicine, L. A. Williams, Iowa; Mental and Nervous, Jennie G. Purmort, Fergus Falls; Materia Medica, O. K. Richardson, Minneapolis; Skin and Venereal, C. H. Neill, Minneapolis. The Society then adjourned to meet in St. Paul on Tuesday, May 18, 1905.

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Surgery.

ANÆSTHESIA.

Its Present Status—Based on a Record of 1,000 Personal Administrations.

BY S. PORTER TUTTLE, M. D., GRAND RAPIDS, MICH.

Anæsthesia is from the Greek word Anasthesia,—(on-ice-tha-su-ah)—which means insensibility or stupor. Anæsthetics are agents capable of producing privation of sensation or Anæsthesia; and may be divided into general or local. The former acting on the whole organism by absorption into the blood, the latter only on the part to which it is applied. Ancient Medical History abounds in various methods in vogue for the relief of pain attending surgical operations. Mandragora appears to have been the chief narcotic of early writers. Later, opium, Cannabis, Hemlock, Belladonna were employed. Dioscorides in writing of Mandragora says: "A decoction is made of the root, of which a Cythus (1½ oz.) is administered in want of sleep, severe pain or before operation, or the use of the Cautery, that they may not be felt." Regarding another preparation of Mandragora, he states, "A dram being taken as a draught, or eaten in a cake, causes infatuation and takes away the use of reason; the person sleeps without sense, in the attitude in which he ate it, for three or four hours afterward. Medical men use it when they resort to cutting or burning." Cannabis Indica was first used by Hoatho, a Chinese practitioner, who performed amputations, incisions and various surgical operations, it is said, without pain. Theodoric, in the 13th century, produced insensibility to pain by inhalation from (Spongia Somnifera),—a sponge was soaked in a mixture containing opium mandragora, rhus toxicodendron, mulberry, lettuce, burdock and hemlock. This was allowed to boil for some hours. The sponge was applied to the nostril after being dipped in hot water. In 1832 M. Dauriol operated without pain in five cases with above formula.

Greek and Roman surgeons have written of the use of mandragora for the relief of pain attending operations, but owing to the danger attending its use, it was not generally employed. Pulverized marble was at one time employed locally as an anæsthetic. Many methods were used locally for the relief of pain, among which was compression of the muscles of the neck, causing anæmia of the cerebrum. This method was employed extensively by Ancient Assyrians during circumcision. Operations were performed by Sir James Moore in 1784 by local compression of the nerves supplying the part operated upon. Hypnotism was practiced by Cloquet in 1829 in removing a breast. History tells us that Esdaile performed hundreds of surgical operations in India while patient was in the hypnotic state. Hypnotism was also employed by Liston with success. Sir James Y. Simpson carried on many experiments and operated successfully by inducing the hypnotic state. The art of hypnotism was known to the Indians, Egyptians and Persians at a remote period. However, it never met with general favor, the objections being the comparatively few patients yielding to the hypnotic state and the time required for repeated attempts to induce sleep. For years previous to the discovery of anæsthesia, alcohol and opium were practically the only agents employed for relief of pain attending surgical operations. The early history leading to the discovery of anæsthesia forms a most interesting page in medical literature.

Sir Humphrey Davy, in 1799, called attention to the anæsthetic properties of nitrous oxide. Previous to this time we find ether was used to allay pain and produce sleep. Faraday, in 1818, observed that the effect of ether vapors was similar to that of nitrous oxide. Later ether and nitrous oxide were employed for pleasure and intoxication. During an exhibition at Hartford, Conn., given for the purpose of amusement, Horace Wells, a dentist, observed that an accidental injury to the leg of the patient gave rise to no expression of pain. The following day Wells had a tooth extracted while under the influence of the gas, and when consciousness returned, he exclaimed: "It did not hurt as much as a prick of a pin." This occurred in 1844. Nitrous oxide was immediately employed by Wells in his practice, with varying results. Wells gave a public demonstration of its use in extraction in Harvard Medical College, but probably owing to its imperfect administrations, the patient gave evidence of feeling pain, resulting in Wells being hissed by those present. Unfortunately, Wells died in 1848, not realizing the value of his discovery. From the date of Wells's unsuccessful demonstration, the use of nitrous oxide was abandoned until 1867, when Colton gave his classical essay and report of 20,000 successful administrations. Following his report, nitrous oxide came into universal adoption. Although not generally given the credit of discovering anæsthesia, a monument was erected in Hartford, Conn., to "Horace Wells, who discovered Anæs-

thesia, December 10, 1844." William T. G. Morton, a dentist of Boston, and a partner of Wells, excelled in the art of plate making, by extraction of all roots, thus fitting the plate to the gums. The objection to his method was the pain attending the extractions. Having a general knowledge of nitrous oxide, and ether, he accordingly conducted some experiments by anæsthetizing dogs with ether, producing anæsthesia for a period of seven minutes. Later he rendered himself unconscious by inhalations of ether. This first successful trial of ether occurred September 30, 1846. Soon after Morton administered ether at a surgical clinic held at the Massachusetts General Hospital by Dr. John Collins Warren. This was the first public demonstration of ether, and occurred October 16, 1846.

Ether was first administered in England December 19, 1846. A few days later it was administered in France; soon after it was universally adopted. To Sir James Y. Simpson belongs the honor of discovering the anæsthetic properties of chloroform, November 4, 1847. The advantages of chloroform over ether were soon recognized, and today chloroform is the chief anæsthetic used, except in the northeastern part of the United States, especially in New York, where ether still has the preference.

Various combinations of anæsthetics have been employed, notably the A. C. E. mixture as introduced by Harley, and recommended by the Royal Medical-Chirurgical Society of London. This mixture consists of Alcohol 1 part, Chloroform 2 parts, and Ether 3 parts Billroth advocated the use of Chloroform 3 parts, Alcohol 1 part, and Ether 1 part.

Chloroform.

The complications arising from the use of chloroform are most liable to occur in its early administrations. Morphine should not proceed the administration of an anæsthetic, because its action is intensified by both chloroform and ether, causing delayed stupor and respiratory depression. Deaths have been reported due to the increased action of the anæsthetic. Morphine retards the elimination, and is contra-indicated in respiratory insufficiency and weak subjects. Its use should be restricted to neurotics and highly excitable patients. Oxygen is not looked upon with favor by the majority of writers on anæsthetics. The objection to its use is the red color imparted to the tissues, with the result that chloroform may be administered until respiration ceases, due to poisoning of the medulla. Tissues remain red until circulation and respiration cease. Amyl nitrite is of value in counteracting the depressing effect of chloroform in short administrations. In long administrations the heart becomes depressed by paralysis of the vessel's wall.

Physiological Action.

Upon inhalation of an anæsthetic, the vapors are brought in contact with the blood through the large surface of the air cells. Absorption here takes place by the blood cells, and is carried to every tissue of the body, having especial affinity for the nervous system, parts of which present different degree of resistance. The order in which they respond to its influence is as follows:

First—Cerebrum.
Second—Cerebellum.
Third—Sensory centres of the cord.
Fourth—Motor centres of the cord.
Fifth—The medulla and involvement of the sympathetic nervous system.

Nervous System.

The primary effect of an anæsthetic on the nervous system is stimulation and functional excitation, while the ultimate effect is paralysis. Surgical narcosis is characterized by loss of consciousness and paralysis of the centres of motion and sensation, while the centres of circulation and respiration are but slightly affected. The primary effect of an anæsthetic upon respiration is one of stimulation, thus increasing the rate and depth of respiration which gradually subsides upon further introduction. The physiological action of an anæsthetic upon the circulation is an exceedingly complex one, and in order that circulation may be maintained, we have to consider the heart action, and its nerve supply, the vaso-motor system and respiration. Death occurring subsequent to surgical narcosis, we would observe the following changes: After cardiac stimulations the rate and force fall to normal and below. Blood pressure falls from vaso-motor paralysis. Respiration failing, the heart's action becomes weak, irregular and eventually ceases, because of the non-æration of the blood and paralysis of the medulla.

In 1899 the Hyderabad Chloroform Commission carried on extensive experiments with dogs and monkeys. The result of their deductions in brief are, as follows: Sudden death never results from cessation of the heart action. Respiration ceasing entirely, indicates an overdose. From primary effect to complete surgical narcosis, chloroform acts on the vaso-motor centre. This dilates the arterioles with a fall of blood pressure. With the beginning of narcosis, consciousness is abolished. The reflex actions of the brain and spinal cord other than those necessary to sustain life, are abolished with termination of complete anæsthesia. From surgical narcosis to arrested circulation, the respiration center becomes narcotized, blood pressure falls:

First—As a result of vaso-motor narcosis.

Second—Weakened heart's action from failure of respiration due to respiratory narcosis. Blood pressure gradually falls and death ensues. Cardiac dilatation always occurs under chloroform anæsthesia, both right and left side of heart being affected. This occurred with the most careful administrations with less than 4 per cent. of chloroform vapor. Cardiac failure occurs as a result of dilatation with relaxation of the walls, not as the result of cessation and rhythm. The extensive experiments carried on by the Glasgow Committee relative to the local effect of chloroform on the lung, is as follows: Chloroform when administered by the lungs produces, as a direct local action, such a change in the walls of the vessels as to cause a retardation and stoppage of circulation. First—In the capillaries, then in the arterioles, subsequently in the larger vessels, thus acting as an obstruction to both respiration and circulation. The action of chloroform on the kidney beyond a transient albuminuria is nil.

Ether, Its Physiological Action.

Cardiac dilatation occurs with the administration of ether only when administered in large quantities, and then to a less degree than chloroform. Death generally occurs in using ether from failure of respiration. Clinical experience has shown that deep anæsthesia renders albuminuria and suppuration more liable. Thompson and Kemp have shown that ether produces a contraction of the renal arterioles with a damaging effect on the renal secretory cells. The kidney shrinks in size with a subsequent diminution of secretion. It has been shown that anæsthetics have no deleterious action upon the blood.

Nitrous Oxide.

The statistical reports regarding the administration of nitrous oxide would indicate a very low mortality—one in several hundred thousand administrations. Statistics are of relative value only, owing to the fatalities not being reported, both immediate and subsequent, ether furnishing the larger number of the latter. Regarding the relative safety of anæsthetics, statistics place them in the following order:

First—Nitrous oxide.
Second—Ether.
Third—A. C. E. mixture.
Fourth—Chloroform.

Considering the different action of each agent, we come to the obviously important feature, the safety of the patient, which takes into consideration the condition of the patient, time and nature of the operation. The following table of compiled statistics will serve as a guide in determining the relative safety of the three general anæsthetics:

	Admin.	Deaths.	Rate.
Statistics collected by Julliard, Chlor.	524,507	161	1 in 3,258
Statistics collected by Julliard, Ether	314,738	21	1 in 14,987
Statistics collected by Ormsby, Chlor.	152,260	53	1 in 2,873
Statistics collected by Gurit, in Germany, Ether	92,815	4	1 in 23,204
Statistics collected by Gurit, in Germany, '91 to '97, Chlor.			1 in 2,039
Statistics collected by Gurit, in Germany, '91 to '97, Ether			1 in 5,000
Statistics from St. Bartholomew's Hospital, 1875 to 1890, Chlo.	19,526	13	1 in 1,502
Statistics from St. Bartholomew's Hospital, 1875 to 1890, Ether	8,491	3	1 in 2,830
Statistics from St. Bartholomew's Hospital, 1875 to 1890, Gas and Ether	12,941	1	1 in 12,941

As I shall take up the subject of administration in detail, we will first consider the conditions necessitating the choice of an anæsthetic. An anæsthetic having been decided upon, the condition of the patient should be most carefully studied. Age is an important feature. Patients at the extreme ages of life are not good subjects for anæsthesia. The London Lancet, reporting on the statistics based upon authentic report of the committee of the British Medical Association, gives the following:

"Out of 406 chloroform deaths, in which the ages were stated, 58 were 15 years old or younger. This is a relative mortality of 15 per cent., and considering the small percentage of these ages requiring an anæsthetic, the mortality is exceedingly high. Ether should rarely be administered to children because of the irritation of the delicate mucous surfaces. When administered, it should be well diluted. Nitrous oxide has been known to produce asphyxiation in children, and therefore should be used with great caution. Considering the mere question of age, chloroform is by far the more desirable for those of advanced years, owing to the frequent presence of bronchial irritation. Nitrous oxide has been administered in combination with oxygen in short periods, in the aged, with success. Chloroform should always be administered to fat subjects unless strictly contra-indicated, owing to the difficulty of respiration.

Chloroform, Its Contraindications.

The most important contra-indication in the use of chloroform is the uncompensated valvular lesions. Compensated valvular lesions do not contra-indicate its use. Uncompensated lesions associated with nephritis or dyspnœa and cyanosis would not contra-indicate chloroform. Here stimulants should be freely used, both before and during the administration. Oxygen renders efficient service in these cases. Anæmia, marked exhaustion or collapse contra-indicate its use. A warning note should be sounded against the use of chloroform in other than a dorsal position, notably a dentist's chair. Although not contra-indicated, chloroform should be used with caution in sections of the optic nerve, intestinal operations, and amputations above the knee.

During the writer's two years of service as interne at the University Hospital Homœopathic, where a large number of his records were obtained, no operation was performed in which the optic nerve was sectioned, unattended by shock and subsequent depression.

Preparation of the Patient.

The patient should be under observation several days previous to the administration. The practice of administering an anæsthetic a few hours after the arrival of the patient in a hospital should be condemned. Too much can not be said against it. Lamentable accidents have occurred which were chiefly due to insufficient preparation. The heart and lungs should be carefully examined, and a chemical and microscopic examination of the urine be made. In case of major operations, where considerable hæmorrhage may be expected, a saline injection should be given intra-venously or subcutaneously a day or two before the operation. Strychnia and Digitalis are of great value in the preparation of a weak or constitutionally depressed patient. Moreover, they are of inestimable value in anticipations of shock from the anæsthetic or operation. It is the writer's custom in these cases to give 1-20 grain of Strychnia Sulphate and one drop Fluid Extract of Digitalis three times daily by the mouth, or if given hypodermically, 1-30 grain Strychnia and 1-100 grain of Digitalin. The following nutritive enema has proved of great value when indicated:

Brandy,
Liquid Peptonoids ..... aa 1 oz.
Saline (Arlington) ..... 3 oz.
M.

Raise temperature to 100 degrees and inject in rectum previous to use of chloroform, but directly after, when administering ether.

Regarding the withholding of food, much depends upon the nature of the operation. In general the diet should consist of nourishing liquids 12 hours previous to operation, which should be given at regular intervals and in stated amounts. All nourishment should cease three hours previous to the anæsthetic. Should a later feeding be decided upon in case of the aged and weakly, it should be given per rectum. The stomach should be entirely empty at the time of the anæsthetic. While it is not always possible, yet it is well to remember that patients are seen under the most favorable conditions at 8 o'clock A. M. and 2 o'clock P. M. It is unwise to give a drastic cathartic the night before an anæsthetic. A mild laxative should be given instead. The bladder should be emptied just previous to an anæsthetic. The temperature of the room should not be below 80 degrees. The table should be well padded, and the patient well covered. The extremities should be covered and kept on a level with the trunk. No pillow should be allowed. Strips of gauze should be at hand attached to long hæmostatic or "T" forceps to assist in cleansing the mouth and pharynx instantly, if necessary. Tongue forceps should always be at hand. Personally the writer prefers (Mathius) which is reliable and does not injure the tongue. Two hypodermic syringes in working order should be prepared, one containing Atropine Sulphate 1-100 grain, the other Strychnine Nitrate 1-30 grain. This combination has stood the test of time and renders most excellent service. Atropine is the quickest respiratory stimulant known, while Strychnia is the best general heat stimulant. Towels and a small pus basin should be in readiness. The only occupants of the anæsthetizing room, if possible, should be the anæsthetician and the patient. Noise or loud talking should not be permitted in the room. Gas should not be burning in the room, especially when administering ether. The anæsthetician should wear a gown and white cap or towel upon his head. The patient should be asked about the presence of foreign bodies in the mouth, such as gum, tobacco, false teeth, etc. The nares should be cleansed and the clothing loosened about the neck. Before proceeding with the anæsthetic, get the confidence of your patient by conveying the impression that you are master of the situation. Mental suggestion has proven of inestimable value to the writer in giving encouragement, explaining in a confident manner the phenomena attending anæsthesia until unconsciousness is produced, thus reducing to the minimum the shock attending the early administration of an anæsthetic. The result attending the administration of an anæsthetic depends entirely upon the anæsthetician. It is only necessary to witness a careless administration, with want of attention on the part of the anæsthetician, to remind us a quotation from Pope's essay on Criticism "fools rush in where angels fear to tread." The anæsthetician should be alert to danger, and be prepared to act quickly at the first untoward symptom. He should not be addressed or hold conversation with anyone during the administration. Nothing should detract his attention from his patient. Numerous inhalers are recommended in the text books. The one most frequently employed is the Esmarch cone. This is covered with a clean piece of gauze. A moderately thin towel answers the purpose very well. It serves to approximate the 4 or 5 per cent. of chloroform, does not need to be held in position, requires no preparation, and can be quickly changed when soiled. It is well to remember the words of Bennett, who says, "The best apparatus is a good man."

Two methods are in use in administration of chloroform. One, introduced by Simpson, and known as the Scotch method, consists of large quantities of the drug administered at infrequent periods. The other, known as the drop method, consists of small quantities at frequent periods. The latter is safer and more satisfactory. It is the custom of the writer to begin with one drop approximately every two seconds, gradually increasing until one drop each second is given. Towards the close of the anæsthetic one drop every two seconds is usually sufficient. It should be the aim of the anæsthetician to keep the patient just under surgical narcosis, beyond which is unnecessary and dangerous. Possessing a thorough knowledge of the phenomena attending anæsthesia, and the instant recognition of certain diagnostic signs which are always present during an administration, will avoid danger to the patient and annoyance to both anæsthetician and operator. The time required to produce surgical anæsthesia varied in the writer's cases from two to twelve minutes.

Chloroform, Its Administration.

The administration should occur in the following manner: With the nose and cheeks well covered with vaseline, the radial pulse in the left hand of the anæsthetician, the drop method is begun. The patient should not be told to breathe too deeply, as this interrupts the rhythm. Respiration should be but slightly deeper than normal. A few words of encouragement will assist in soothing the patient into unconsciousness. He should be informed that he is taking it nicely, and that the peculiar sensations will soon cease, resulting in quiet sleep. The depth of the anæsthesia is indicated by the general condition of the patient, reflexes, etc. No one symptom should be watched to the exclusion of all others. The following conditions should be kept constantly in mind in their relative importanc: Respiration, rate, depth, sounds, etc., pupils, pulse, color and expression of the face. When surgical anæsthesia is produced, the chin should be kept elevated, except in mouth breathers, who should be watched with the greatest care, turning the face to one side for purposes of better drainage and preventing the tongue from interfering with respiration. The respiration is of paramount importance. The rate and depth should determine the supply of the anæsthetic. Labored or stertorous breathing should call for suspension of the anæsthetic for a period. It should be borne in mind that in neurotic patients, the pupil often remains dilated during the entire administration. A suddenly dilated pupil always means danger. The rapid pulse so often present

during the beginning of the administration is generally due to nervousness or fright. The general character of the pulse should be noted throughout. A rapid wiry pulse, accompanied by pallor, should call for instant action. In alterations in respiration, the pulse becomes slow and irregular. There is little uniformity in the text books regarding the treatment of dangerous symptoms, and considering the difficulties arising during the administration of an anæsthetic to be due to faulty administration, it is obvious that the first important question to consider is prophylaxis.

Dangerous Symptoms and Their Treatment.

Among the dangerous symptoms arising should be mentioned a rapidly dilated pupil, arrested or irregular breathing, stertor, cyanosis, pallor, unnatural expression of the countenance, half open eye-lids, rapid, wiry or intermittent pulse, arrest of circulation, due to lack of oxydization (diminution in blood pressure and venous colored blood, usually quickly observed by the operator). The rational treatment of dangerous symptoms arising during the administration of an anæsthetic should be based upon the type of collapse threatened. As this is most difficult for the anæsthetician to determine, the following six rules should be adopted, which will be given in order of their importance. To render efficient service at these critical times requires absolute nerve control on the part of the anæsthetician. Hasty and eratic movements will result in defeat.

First—Remove mask and give fresh air, at the same time inform the operator.

Second—Lower head and chest. This is quickly accomplished by pulling the patient partly off from the table.

Third—Grasp the tongue firmly with forceps, pulling it upward and outward 16 times per minute (Laborde's method). If necessary, this should be continued for some time.

Fourth—Dilate sphincter—dilate quickly and let go. This may be done with rectal speculum or thumb and finger.

Fifth—Artificial respiration accomplished by Silvester method.

Sixth—Hot and cold water thrown alternately upon the chest.

A nurse or assistant should, at time of removing mask, give either 1-20 grain Strychnia or 1-100 grain Atropine, or both, should necessity demand. Should collapse still continue, rubbing the blood toward the heart and compression of the abdominal aorta, together with sub-cutaneous injections of normal salt and diffusable stimulants, are often rewarded with success. Stimulants should be given in large doses. The writer has repeated 1-20 grain Strychnia in 15 minutes with good results. Hare recommends giving 1-20 grain every 10 minutes, if necessary.

The anæsthetician should remain with his patient until full consciousness is restored. The patient should then be placed in the hands of an assistant or trusty nurse.

Treatment of After Effects.

Nausea and vomiting are present in a large number of cases, but are not the most dangerous sequelæ. The proper preparation of a patient renders them less liable to these distressing symptoms. Gastric lavage is sometimes necessary. Counter irritation over gastric region is of service. It is a routine practice with many anæstheticians to wash out the stomach by directing the patient to drink large quantities of hot water, which are subsequently expelled. It is sometimes necessary to give deodorized tincture of Opium, or a hypodermic of Morphine and Atropine. Headache is best relieved by cold applications. Bronchitis and pneumonia should receive their usual treatment. Pyelo-nephritis is treated, as when occurring elsewhere. Patients when vomiting should be instructed to lie on the right side when possible to do so. Protection from taking cold should be carefully observed. In the use of the hot water bag, care should be exercised on the part of the nurse that burning does not occur.

The question of nourishment will depend upon the nature of the operation, and the patient's condition. Black coffee is the earliest retained in the majority of instances, although various hot drinks may be tried. Instances are not wanting where solid food was not only retained, but after its use nausea and vomiting ceases. With the stomach refusing to take liquids, thirst may be relieved by liquid enemata.

Ether, Its Administration.

Two methods are employed in the administration of Ether, known as the open and closed methods, the open method being the one chiefly employed. Of the numerous inhalers on the market, the improved Allis is the most practical, and is the one generally employed. In the administration of ether, it is desirable that the patient gets 95 per cent. of the drug, and 5 per cent. of air. The quantity of ether usually consumed at a given time, is as follows: For the first hour, about 4 oz. The second hour requiring about 2 oz. Ether is often preceded by nitrous oxide, which is an excellent method introduced by Glover in 1876. The advantages are, the patient is spared the unpleasant features attending the early administration of the former, while excitement and struggling are absent. Anæsthesia is produced in from two to four minutes. Chloroform, A. C. E. Athyl Bromide and Ethyl Chloride have been used with advantage. The most satisfactory method of administering nitrous oxide with ether is by the use of Bennett's Gas and Ether Inhaler.

Nitrous Oxide.

Nitrous oxide is an excellent anæsthetic, and may be administered in its pure state or in combination with oxygen or air. Nitrous oxide and oxygen are regarded as the safest form of anæsthesia. The objections to its general employment are expense and difficulty of administration, and limited and incomplete narcosis. Nitrous oxide may be employed with advantage in minor surgery and painful examinations, etc. However, owing to the above objections, its use is largely confined to dental surgery. The phenomena attending the administration of nitrous oxide, which are due to the deprivation of oxygen, consist of stertorous, irregular respiration, twitching of the muscles of the extremities, dilated pupils, fixed eye balls, and absence of reflex. Hewett has shown the maximum time of administration to be 70 seconds, minimum 25 seconds, average 51 seconds.

Ethyl Chloride.

Ethyl chloride is placed second to nitrous oxide in safety by some recent writers on anæsthesia. W. A. Bryan, professor of surgery, Vanderbilt University, reports 12,436 administrations without a death. Regarding this administration he says: "Ethyl chloride properly given produces anæsthesia in from 50 seconds to two minutes, maintains it as long as necessary, is restricted only by the cost of the drug. Consciousness returns and conversation can be carried on in from two to four minutes. He further states no symptoms of danger arise during its administration. Pulse and respiration remain practically unchanged in old and young, weak and strong, with or without heart lesions, relaxation not being complete in every case. Potter reports 5,000 anæsthesias without a death. Ethyl chloride is certainly an interesting drug. However, definite knowledge is wanting concerning its use, and many years of experience will be necessary to give it a definite place among anæsthetics.

Conclusions.

No deaths occurred during the writer's 1,000 administrations of chloroform. Dangerous symptoms are more liable to arise during its early administration. Time and thorough preparation should be insisted upon prior to an anæsthetic. Notwithstanding a personal preference for chloroform, and the fact that it is steadily gaining in favor, it should not be administered as a routine practice. Dangerous symptoms are more liable to occur in males than females. Among the bad subjects for anæsthesia may be mentioned infants and children, patients past the fourth decade, obesity, alcoholic and tobacco subjects. Force should never be employed in anæsthetizing a patient, and unless perfect control is obtained, it is better to change anæsthetic or postpone the administration. Although combinations of anæsthetics occupy a definite place in anæsthesia, they are not looked upon with favor by the authorities. All anæsthetics are eliminated almost exclusively by the breath. Dangerous symptoms should be treated promptly and systematically. Success will often reward persistent offort when hope has been abandoned. In many instances the operation is of secondary importance to the anæsthetic, and to insure success the administration should be conducted by a skilled anæsthetician.

Gynaecology.

THE CLINICAL SIGNIFICANCE OF THE PAMPINIFORM PLEXUS OE VEINS IN WOMEN.*

BY HOMER I. OSTROM, M. D., NEW YORK.

Since originally pointed out by Richet, who, in 1854, called attention to a dilatation of the veins of the broad ligament as a pathological condition that could be demonstrated, and one causative of a positive symptomatology, gynæcologists have from time to time verified his observations, and reported cases in which these enlarged blood channels were discovered quite by accident, and others in which the symptoms led to a diagnosis of their existence. But it may reasonably be questioned whether these veins have ever received the recognition as etiological factors in gynæcic diseases that the frequency of their involvement deserves.

The homologue of the spermatic plexus in men, the pampiniform plexus in women is subject to similar deranging causes, and to a like pathology, with an accentuation of both, arising from the anatomical construction that increases the venous circulation at this place, by means of a free anastomosis between the ovarian and uterine veins. The periodic demands of menstruation, and the occasional demands of parturition made upon the veins of the broad ligament resulting in their entirely normal dilatation, functions that are without parallel in men, may also be regarded as favoring a permanent relaxation of the venous walls, to a degree not found in the male plexus, and any predisposition to disease having its genesis in function, or in the anatomical constructions of the male spermatic plexus, is, in consequence of these facts, more liable to develop in the female organ, and in it to cause similar local and remote symptoms, in even more aggravated form.

Obscure pelvic conditions, pelvic hæmatocele, subperitoneal hæmatome of the pelvis, and venous thrombus, are probably more frequently connected with the pathology of the pampiniform plexus of veins than is at present realized, and some chronically recurring derangements of the pelvic circulation probably owe their origin to the pathology of the walls of these veins.

A few anatomical memorabilia will serve to make clear the etiology of the diseases of the pampiniform plexus of veins in women.

The ovarian veins, the analogue of the spermatic veins in the male, in common with the uterine veins, have their embryological origin in the posterior cardinals of the embryo, which in turn contribute to the formation of the superior vena cava. They begin to form in the embryo between the third and fourth week, somewhat earlier than the organs from which they are designed to return the blood, the fusion of the Mullerian ducts, which forms the uterus, not being completed until the third month of embryonic life, and the genital ridge, from which the ovaries and testicles are developed, not separating from the cœlum until near the fourth week.

The ovarian vein has its origin deep in the musculature of the uterus, especially that of its lateral aspect, and after establishing anastomoses with the uterine vein, proceeds in a tortuous course between the peritoneal folds of the broad ligament towards the ovary, where it forms a plexus with the veins from the ovary. Continuing within the structure of the broad ligament, the vein passes to the pelvic wall, being every where extraperitoneal, to enter the vena cava at an acute angle on the right side, and on the left side to join the left renal vein at almost a right angle.

The system and arrangement of valves in both the ovarian and uterine veins is very imperfect, favoring dilatation, from pressure of the column of blood

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in the main channels. Indirectly connected with a study of the clinical significance of the pampiniform plexus of veins in women, it may be noted that the structure of the broad ligament is normally occupied with tortuous channels, branches from both the ovarian and uterine veins, which anastomose freely with each other, and form numerous plexuses that lie immediately beneath the peritoneal investment of the ligament. The portion of the vein that occupies the broad ligament is several times the length of that structure, being bent upon itself, forming loops and pockets, an arrangement that permits physiological extension during pregnancy. This is more especially true of the ovarian vein, which shares in the general development that attends the enlargement of the parturient uterus. It is also probable that the ovarian vein, through the pampiniform plexus, is the principal channel for relieving the ovarian hyperæmia that forms a part of the process of ovulation. The ovarian veins are also the chief channels by which the genital organs are relieved of the congestion that is associated with their excitation, and that is an essential part of the sexual orgasm.

Through the hæmorrhoidal plexus of veins the veins of the broad ligament establish communications with the superior hæmorrhoidal veins, which open into the portal system. There is thus established a connection between the systemic and portal circulation, an anatomical arrangement that is very suggestive in the etiology of the diseases of the pampiniform plexus of veins in women.

Near the ovary, especially between it and the Fallopian tube, the ovarian vein becomes convoluted, giving off branches that by free anastomosis form the pampiniform plexus. At this point branches that open directly into the plexus are received from the ovary.

The pampiniform plexus lies between the peritoneal investments of the broad ligament, and in direct relation with the tubules of the parovarium, which, though a vestigial organ, being a remnant of the Wolffian duct, cannot be regarded as wholly useless, so constantly does it appear in the human species. It may possibly hold more than a casual relation to the secreting function of the ovary, their homologue in the male being the tube,—spermatic duct,—by which the secretion of the testicle is conveyed to the seminal vesicles.

The function of a venous plexus, to serve as a ready recepticle of blood that must be removed not too suddenly from a physiologically congested organ, is an index to the etiology of the diseases of the pampiniform plexus of veins. Wherever there is erectile structure, or an organ subject to physiological congestion, in relation with such parts will be found venous convolutions and anastomoses, plexuses, in capacity proportioned to the necessary office of depletion and temporary storage.

The male genital organs find ample provision for the relief of their physiological congestion, in the two divisions of the prostatic plexus, into which the dorsal veins of the penis empty, and in the spermatic plexus, into which the spermatic veins of the testicle discharge; and the female genital and reproductive organs, the latter requiring additional provision for relieving the congestion that belongs to gestation, are even more conspicuously provided with drainage in the ovarian, pampiniform, uterine and vaginal plexuses. Of these the pampiniform plexus is the largest and most important, the ovarian vein being the principal channel by which the genital organs are relieved of blood.

Regarding the pampiniform plexus in its functional and anatomical relations, we cannot fail to be impressed with the fact that in this organ resides a possibility of derangement dependent upon the functional activity of the genital system. Not when this functional activity is normally performed, for nature is able to provide for her own operations, but so many factors enter into modern life that bear directly upon the health of the reproductive organs and system, that we may almost say that there is a constantly active environment, and that there are ever-present conditions that tend to the derangement of genital and reproductive equilibrium.

Such, for example, are observed in the monthly determination of blood to the genital organs that attends menstruation. If from some of the many causes that may then be active, over-exertion, physical or psychical, resulting in a sudden suppression of the flow, and consequent inability of the ovarian vein and plexus to carry off the determined blood, the pampiniform plexus and veins of the broad ligament remain distended and dilated, what is the result? Over-distention of the venous channels, weakening of their walls, and a more or less permanent inability to empty themselves into the main vascular trunks.

The entire venous system of the broad ligament probably participates actively in the erethism that constitutes an essential feature of sexual excitement, and the pampiniform plexus being a most important part of that system, is especially influenced by any condition that interferes with the physiological regulation of the blood supply. While the broad ligaments are not erectile structures, it is a fact that all erectile organs are largely composed of venous plexuses, and it is more than probable that the pampiniform plexus of veins sympathizes with the erection of the clitoris, vagina and lower segment of the uterus; that its channels become dilated from relaxation of their walls, under the same nervous influences that bring about turgescence in true erectile tissue.

It is, therefore, more than likely that in defective sexual hygiene undue or prolonged excitement, excesses, or ungratified desire, an aborted orgasm, or the like, exist factors that tend to pervert the function of the pampiniform plexus of veins, and that are capable of generating a pathology peculiar to the venous system of the broad ligaments. Such conditions are potent in the pathology of the spermatic plexus of veins in men—the exposed situation of which lends itself to a ready diagnosis—and from deduction we are justified in recognizing the same etiological factors in the diseases of these organs in women.

The pathology to which the pampiniform plexus of veins is subject is in the direction of relaxation of their venous walls, with consequent permanent dilatation, and thinning, and various degrees of retarding of the blood current, even to its complete arrest.

Let us examine these phases of disease separately, and make ourselves familiar with the clinical history by which they are known.

A temporary dilatation of the pampiniform plexus of veins will pass unnoticed, beyond possibly a feeling of uneasiness in the side of the pelvis in which the veins are dilated, and so elastic are the structures of the broad ligament that a very considerable enlargement of its veins may be present without giving rise to marked subjective symptoms, if the enlargement quickly terminates in resolution. The conditions capable of inducing such an acute dilatation of the veins in the pampiniform plexus are probably more frequently active than we realize, and the symptoms that would lead to a diagnosis are often overlooked or dismissed, without due regard to the importance of the morbid state.

Following any sudden intra-abdominal pressure acting from above, as a strain in lifting or in jumping, the abdominal muscles being fixed, the diaphragm interferes temporarily with the return of blood through the vena cava, by constricting the opening through which the vessel passes. The left renal vein, not passing through the diaphragm, would remain unaffected by the action of that muscle. The pelvic pain sometimes complained of during a severe attack of coughing may reasonably be inferred to originate in an acute dilatation of the veins of the broad ligament, especially those that make up the pampiniform plexus of veins.

The dull aching in the pelvic fossa, and sense of weight and pressure that occasionally attend the close of congestive dysmenorrhœa, and much the same line of symptoms that follow sexual excesses, or prolonged ungratified excitement, are in all probability, judging from analogy with the behavior of the spermatic veins in the male, due to a surcharging of the ovarian vein and plexus, to stagnation of blood and consequent pressure on nerve trunks. With restoration of the circulation these symptoms disappear and nothing remains to mark the venous engorgement. I am inclined to believe that such an acute dilatation of the pampiniform plexus as we have described has not infrequently been wrongly diagnosed as congested ovaries, or enlarged and inflamed Fallopian tubes, the prevailing impression being that any pain on the side of the uterus is connected with the adnexia, and must be of the nature of congestion or inflammation.

Meanwhile it may be possible under very favorable structural conditions to detect by vaginal examination an enlarged vein and plexus, but in the majority of cases such an examination will result negatively. Unless the entire broad ligament can be brought between the finger in the posterior cul-de-sac, and supra-pubic pressure, acutely dilated venous channels, in the absence of thickness of their contents, will elude the most careful examination.

Permanent relaxation and dilatation of the ovarian vein and the pampiniform plexus follows the acute condition if the causes continue active, or if they are frequently recurring. The result is then a well-defined pathology—varicocele of the pampiniform plexus, parovarian varicocele—that shows no disposition to a spontaneous cure, but increases, either by an accentuation of the venous dilatation, in which the channels become enormously enlarged, or thinning, they rupture, and an extra peritoneal hæmatocele develops between the peritoneal coverings of the broad ligament, and beneath the peritoneum of the pelvis, the size of the tumor and its boundary being determined by the quantity of blood that escaped from the open vessel.

Well-developed varicocele of the pampiniform plexus may be mistaken for an enlarged Fallopian tube, or a cystic ovary. Each one of these conditions presents a more or less elastic, irregular mass connected with the posterior aspect of the broad ligament. If the Fallopian tube falls into Douglas's cul-de-sac, as it is liable to do when distended, the condition is sufficiently characteristic to avoid mistaking it for any other pelvic state.

Ovarian and tubal diseases are commonly unilateral, and when pain and swelling are confined to one side of the pelvis, the case is probably one of disease of the ovary or Fallopian tube. On the other hand, varicocele is no more likely to develop in one side than the other, for the same conditions, save the slight anatomical differences of venous termination already alluded to, are active in both of the ovarian and uterine veins.

Therefore, a dull aching pain located in both iliac fossa, with the history noted, increased by standing or any exertion, and also after coitus, accompanied with gastric disturbances, especially fermentation, will, in the absence of sensitiveness over the painful spot, be strongly pathognomonic of parovarian varicocele. The diagnosis will receive confirmation when soft irregular masses can be detected in the region of the broad ligament, and attached to it. But frequently, though well pronounced, the varicose veins cannot be demonstrated by the most careful bi-manual examination, the soft mass easily escaping from the examining finger in the vagina.

Dilatation of the venous channels composing the pampiniform plexus, or of those of the broad ligament generally, may exist without giving rise to special diagnostic symptoms, and only be detected during a laparotomy undertaken for a suspected ovarian or tubal disease, at which time the veins may be found to be the sole cause of suffering. It is not unusual to find all the veins of the broad ligament enormously enlarged in connection with a parovarian cyst, or an ovarian cystoma, or when the Fallopian tubes are the foci of disease, the varix having given no sign of existence. To what extent such a condition contributes to the clinical picture it is difficult to say, nor can we demonstrate the etiological relation between the varicocele and the grosser ovarian and tubal pathology.

The operation for removing the ovary and tube does not usually include tying the uterine and ovarian veins, save as they may enter into the formation of the pedicle, but should they be dilated, or show evidences of varix, their hæmostasis will form an important part of the technique, two ligatures being applied, one as near the uterus as possible, and the other at the pelvic attachment of the broad ligament.

Failure to ligate these veins when removing an ovary will occasionally be followed by hæmatoma of the broad ligament. This condition may be mistaken for a pelvic exudate. The quantity of blood

lost is usually not sufficient to give rise to the symptoms of hæmorrhage, though occasionally the tumor may occupy the entire iliac fossa, dissecting the peritoneum from the posterior aspect of the lower segment of the uterus, and thus assume the character of a pelvic hæmatocele. The clinical features that characterize hæmorrhage will then be present.

Post-operative hæmatoma of the broad ligament, due to a rupture of the veins of that structure, is commonly absorbed and merely delays convalescence. But sometimes, owing to infection of the blood clot with micro-organisms—bacilli coli communis—the tumor breaks down and suppuration ensues. The diagnosis may then become confused between the exudate that accompanies or follows pelvic cellulitis, and this condition of the broad ligament, but the differentiation will rest upon the period of development of the tumor after the operation, and the relation of the pyrexia to the appearance of the tumor.

Hæmatoma of the broad ligament usually develops within a few days following the operation, or at the time of the first menstrual molimen. There are no premonitory symptoms, but a sudden unilateral pain or rapidly increasing discomfort in the region of the broad ligament leading to an examination, a soft fluctuating tumor is found to occupy the lateral uterine space from which the ovary and tube were removed. There is no rise of temperature, but if the bleeding is considerable, the temperature may be sub-normal and the pulse rapid and soft.

The exudate of post-operative cellulitis occurs later in the convalescent history, is more liable to extend into Douglas's cul-de-sac, and is preceded by a clinical course that indicates septic intoxication. Pyrexia follows the development of the tumor in hæmatoma, and does not attain the characteristic picture until the blood clot has become infected and broken down. The history, therefore, of the two conditions is almost completely reversed.

The relation between the veins of the broad ligament and pelvic cellulitis, when the septic exudate occupies the folds of the broad ligament, is one of most serious import, and has to do with the gravest features of this disease, whether its origin is puerperal or surgical.

The pathology is represented by a septic phlebitis, the result either of infected peri-vascular tissue or of the breaking down of an infected thrombus, this condition rapidly spreading to the larger venous channels. The deeper pelvic veins, even the iliac and femoral, may in such manner be affected, and soon completely occluded. In consequence, not only multiple local abscesses develop, for the intimate anastomosis of the ovarian vein with the hæmorrhoidal plexus provides channels for conveying infected thrombi to other parts of the pelvis, but grave obstruction symptoms appear, the entire side becoming thrombosed, and the circulation seriously interfered with. This is not an uncommon sequela of septic metritis, when quite distinct from pelvic cellulitis. The veins of the broad ligament become occupied with infected clots, and the channels for conveying septic foci to the liver and other centers of metastatic deposit.

Varicocele of the pampiniform plexus and of the veins of the broad ligament never terminates in spontaneous resolution. It either increases, resulting in sacks and pockets filled with a more or less sluggish blood current, or the circulation being altogether arrested, a pathology ensues that has to do with the formation of fibrinous clots, their organization and subsequent disposition.

The tendency of fibrin to contract and so squeeze out the liquid it contains leaves the thrombosed vein a resisting body in the broad ligament, that can be detected as such by examination through the vagina. Tense, resisting, convoluted cords are felt to occupy the spaces between the uterus and the iliac fossa; these are not sensitive unless there is added inflammation of the venous walls or of the peri-vascular tissues.

By further contraction of the intra-venous fibrous mass, its calcification is ultimately accomplished, and chalky concretions,—phleboliths,—are formed. These may attain a very considerable size, and can then be detected by vaginal examination, but more commonly they are not discovered before opening the abdomen, when they appear as hard bodies, situated immediately beneath the peritoneal covering of the broad ligament, the vein in which the stone developed having become completely obliterated.

Permanent obstruction of the veins of the broad ligament cannot fail to be intimately associated with the phases of pathology that concern the circulation of the uterus. The supply of blood is not interfered with, and may, with normal strength, and in normal quantity, continue to be pumped into its tissues; but the system of channels by which the uterus is emptied of its blood is defective, these cannot carry away the effete blood with physiological rapidity, and it therefore becomes packed in the vascular tubes with resulting congestion, blood stasis and ultimately uterine hyperplasia. A heavy fundus, relaxed supporting ligaments, retro-flexion or prolapsus, are the mechanical sequelæ of such a chronic interference with the uterine circulation.

The practical question of how to deal with the pathology of the pampiniform plexus of veins, and of the veins of the broad ligaments, presents itself. We have outlined the clinical features of the various phases of disease through which these vascular channels pass, and indicated the physical points by which they can be recognized; the prevention and treatment will now claim our attention.

Any condition, functional or mechanical, that induces prolonged congestion of the sexual organs or interferes with the return of blood in the general circulation, will induce undue dilatation of the veins of the broad ligament, and especially of the pampiniform plexus. The control, therefore, of such condition will stand in the relation of preventive medicine to the diseases of these vascular structures, and will constitute a part of any rational system of treatment.

The fully dilated veins,—varicocele,—however, are amenable to surgical treatment only. No hygienic measures will avail to empty the venous channels of blood, or to cause their premanent contraction. If the dilated veins can be demonstrated and ascertained to be the cause of the suffering, local or remote, nothing less than their mechanical obliteration will suffice to effect a cure.

Frequently the relation between the varicocele and the pelvic disease for which treatement is sought is only made clear after opening the abdomen. The procedure then becomes simple, to ligate the veins near the uterus, and at the point of their exit from the broad ligament. Or if the vein beyond this appears varicose, the peritoneum should be opened, and a ligature applied near the point at which it empties into the vena cava (right side), or the renal vein (left side). If only the pampiniform plexus is diseased its vein alone will require to be ligated.

In applying the ligatures through the abdomen—a median incision affords the best opportunity for manipulation—they will be more conveniently inserted from the superior aspect of the broad ligament, and should be made to penetrate down to the opposite peritoneal layer, not through it. The vein can easily be isolated, and a ligature placed without difficulty.

The operation can be done through the vagina, but save for the resulting abdominal wound, is not attended with the same satisfactory results that follow the supra-pubic operation. The field for manipulation is not as convenient, and the range at which the ligature must be placed and tied renders its accurate application uncertain.

Through a wide opening in the posterior cul-de-sac the broad ligament may be examined, and the varicose veins hooked down with the finger, as near to the vaginal incision as possible, and ligated, but necessarily most of the manipulation is conducted without the assistance of sight, and with the added disadvantage that the dislocation of the broad ligament forces the blood out of the veins, and thus establishes a false opinion of the extent of their dilatation, and consequently an eroneous basis upon which to operate.

If varicocele of the broad ligament is diagnosed before operating, and the surgical procedure is undertaken primarily to relieve the condition by obliterating the dilated veins, the abdominal route is the one of election, and should in all cases be given the preference over the vaginal operation, and as we become more familiar with the pathology of the female pelvis, and learn to differentiate the diseases of its organs, this operation will be an increasingly frequent one for relieving conditions that are at present regarded as belonging to morbid states of the ovaries and Fallopian tubes.

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Materia Medica.

THE PRESENT STATUS OF THE HOMŒOPATHIC MATERIA MEDICA.

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In considering the present status of the homœopathic materia medica I would first mention the conditions and circumstances which existed at the time when Hahnemann first conceived and put into execution his idea of establishing a new materia medica based upon scientific ideas. At that time the medical world was in great darkness. Little or nothing was known of drug action save such observations as were the result of accident, conjecture or imagination. Hahnemann had already quitted with disgust the practice of medicine, because it rested its therapeutics on so unstable a foundation. In a letter to his intimate friend, Hufeland, he says: "It was painful to me to grope in the dark, guided only by our books in the treatment of the sick,—to prescribe according to this or that (fanciful) view of the nature of diseases, substances that only owed to mere opinion their place in the materia medica." Not only was there at that time dense ignorance as to the action of drugs, but there was also a prevailing apathy as to any attempted reform or improvement. It may thus be readily inferred how, when Hahnemann determined upon his course of conducting provings of drugs upon the healthy, upon which to build the foundation of a pure and scientific materia medica, and when he had gathered about him a few devoted followers ready to assist in this important labor, that the enthusiasm of the hour and the novelty of the undertaking would lead to laxity of methods and, in allowing the imagination wide scope, naturally result in the incorporation into the new materia medica of some, probably many, errors that could not stand the test of crucial examination made as would be applied today under our present scientific methods of critical analysis.

Hahnemann was one of the most profound thinkers, and one of the most thoroughly educated men of his day. Yet we could not expect him to be infallible. Departing as he had from all the traditions of the past and starting out in an entirely new direction it could not be presumed that the results of all his laudable efforts would be crowned with absolute perfection. And especially so when much of the labor in its details must necessarily be left to others, none of whom possessed the acumen and sagacity, and in some instances none of the honesty of purpose which inspired their leader. So far as Hahnemann himself was concerned I am free to say that no man in the medical world before or since has ever shown the same perspicuity, the same power of acute observation. No other man has been so free from error in all his conclusions. In minor matters modern science, so-called, may be able to pick flaws with some of Hahnemann's theories, but no positive statement of fact made by Hahnemann has ever been disproved in spite of the utmost efforts to do so. In this one regard he stands without a rival, and his opinions have triumphantly stood the test of a century, a century marked by the most wonderful advancements in all lines of scientific knowledge. If we carefully read Hahnemann's writings it is plain to see that he predicted the discovery of many of the truths which science has since apparently accepted. Even his much-ridiculed psora theory when properly analyzed showed that without doubt he believed the future would establish the parasitic nature of itch, and here and there throughout his voluminous writings are plain evidences that he had seriously considered the possibility of microbic origin in some diseases.

Hahnemann was never behind, but in his own times was far in front of his rivals in all scientific matters. He sought and sought deeply and sincerely for truth, and was ready at all times to cast

aside any preconceived opinion that observations of his own, or of others, had demonstrated to be false. Yet when a truth was clearly established he could not be swerved from its maintenance no matter how great may have been the opposition. Yet in spite of all these well-known traits in his lofty character it could not be expected that he could accomplish the Herculean task of making a new materia medica upon an entirely new and independent basis without errors creeping in that might require years, and many years, for their eradication. Provings were conducted by many who were not so keen observers as himself, and who urged forward by intense enthusiasm recorded symptoms by the hundreds that were no doubt not due to the action of the drug that was being tested. Anyone who has had experience in drug proving may realize how difficult it is to prevent a susceptible and imaginative mind from confounding with drug symptoms those that may result from other causes, including the active operations of a mind only intent upon experiencing within a given time as many apparent deviations from health as possible, and crediting all these to the effects of the drug being taken. In this way many, very many, unreliable symptoms were recorded, and found their place in the materia medica. This once accomplished, it may readily be seen how difficult would be the task to separate the tares from the wheat. Was it for Hahnemann or anyone else in that day to go through these long records of symptoms and strike out those unworthy of a place? Who was capable of judging? Hahnemann assumed, and rightly, that judgment in so important a matter must be deferred until later experiences and clinical observations, together with a careful critical analysis, had established more conclusively the value of these symptoms. Indeed it was not until Dr. Timothy F. Allen collated all these extensive records in accordance with Hahnemann's scheme and gave the mto the world in his prodigious Encyclopœdia that the followers of Hahnemann fully realized how much chaff had been incorporated into the homœopathic materia medica. If this were the only result of the publication of Dr. Allen's great work, which involved a labor unparalleled in the recent history of Homœopathy it would be sufficient to stamp the author as one of the greatest benefactors of the medical age. Now not only were the errors of the materia medica made manifest, but it became much easier, though still a very difficult task, to separate the bad from the good. This task was partly accomplished by Dr. Allen himself, who refused to incorporate in the Enclyclopædia many unreliable provings which his investigations proved were unworthy of a place in the materia medica. Later he still farther boiled down our symptomatology, throwing out the least important symptoms, though not necessarily all of them unreliable, and published the remainder in his so-called Hand Book of Materia Medica.

Hahnemann and most of his immediate followers placed reliance upon "Clinical" symptoms—that is symptoms which had not resulted from pathogenetic drug tests, but which had apparently been cured by the drug when administered in disease. This was another great source of error as we look upon it these days. Dr. Allen expunged all these symptoms and gave us a record only of drug pathogenesy. He, however, under the several headings, gives the clinical uses of the drug, and here includes what we considered as the most reliable symptoms. In the first and second editions of his condensed materia medica Dr. Hering included clinical symptoms without any distinguishing mark. The same plan was carried out in subsequent editions by Dr. Farrington, who in his preface to the Third Edition says of clinical symptoms that "only those have been employed which agree with the provings, and which show every evidence of genuineness." The evidences of genuineness may be present, but I am confident that in many, possibly a majority of instances, the clinical symptoms do not especially, or at least in any great degree, correspond with the provings. However, some few of these symptoms have been so repeatedly verified in practice that they cannot be well expunged, but they should always be given some distinguishing marks so that the prescriber may judge for himself of their value.

As a general rule clinical symptoms should not find a place in our materia medica. A symptom may disappear under a given remedy when the remedy had nothing whatever to do with its disappearance, or, at least, only in a general way; otherwise, on the same principle, we would be obliged to admit the value of Hood's Sarsaparilla, Paine's Celery Compound, and thousands of other proprietary medicines, as well as the products of our modern and very energetic manufacturing chemists. These questionable preparations have the unqualified endorsement of many people, including supposedly observing and intelligent physicians, who report the cure of various symptoms by their use—for instance, "that tired feeling," so often reported cured by Hood's Sarsaparilla. Therefore it is obvious that clinical symptoms have no place in a scientific materia medica. Referring again to the possible unreliability not only of some symptoms laid down in our materia medica, but also of whole provings, I would call attention to the fact that Dr. Allen not only refused to incorporate some of these records in his Encyclopœdia, but also in his Hand Book he still further discriminates by omitting "by reason of their inutility or unreliability" many provings, for example, all the provings of Mure and Houatt, since as he remarks in his preface "scarcely any of them have been found valuable; all of Houatt's contributions have been thrown aside on account of their improbability." I do not hesitate to affirm that no recent author has been as capable of judging of the reliability and merits of a drug proving as Dr. T. F. Allen. Again as concerns the reliability of the materia medica I feel justified in quoting from Dr. Allen. He says, "The errors that have been perpetuated from year to year in old material, and in new material obtained by faulty methods, are well known. There is no doubt that some of even Hahnemann's symptoms were observed in the sick, both as apparent results of drug action and as probable cures; it is also true that most provers have allowed themselves to record, as efforts of drugs taken for experiment, symptoms which would have arisen spontaneously or which were "suggestions"

of a mind watching for such effects. There is no doubt that many, if not most symptoms, have been observed in only one or two persons as the effect of a drug, and that many of these would fail of confirmation by repeated experiment, but, after all these allowances have been made, there remains a good and true pathogenesis sufficient for a working materia medica and capable of justifying itself by unfailing results when put to the test of homœopathic therapeutics.

We acknowelge the lack of accuracy in observation, the failure of confirmation required for scientific accuracy; we are cognizant of the absolute necessity of rebuilding the whole symptomatology from the very foundation, but during the years, or rather generations, which must elapse till this be done, we must cure the sick as best we may, and use sometimes doubtful material to accomplish our results. During this interim we must endeavor to keep separate the probably pure pathogenesis and the mere clinical history of each drug, for by doing this our pathogenesis will undergo a slow regeneration, good observations will replace the bad and our therapeutics will rest upon an ever increasingly strong foundation."

In recent years some laudable efforts have been made to purify and regenerate the materia medica. To eliminate unreliable symptoms and to gradually place the materia medica upon a more solid and scientific foundation. The most important of these efforts culminated in the Encyclopædia of drug pathogenesy as furnished by the combined labors of the American Institute of Homœopathy and the British Homœopathic Society. Having been one of the associate editors of this work I know something of the enormous labor performed, more especially by the editors-in-chief, Dr. Richard Hughes and Dr. J. P. Dake. Yet this work has not proved acceptable for the reason that it too effectually cut out many of the old, familiar and trusted landmarks which the profession were unwilling, and for very good reasons, to allow to go. Yet in future years the unquestionable reliability of the Cyclopædia of Drug Pathogensy will cause it to become an important factor in remodeling and regenerating the homœopathic materia medica.

Still later various individuals and societies have worked along similar lines—notably the Baltimore Society. But in each instance the result has been to so thoroughly emasculate the materia medica of Hahnemann that his followers have refused to accept the results. Nevertheless in the future as the materia medica is gradually perfected it will be found that these labors have not been in vain, and that their results will greatly aid in bringing about an absolutely perfect drug pathogenesis. I believe that day will come, but until then we must rest content with what we have and realize that imperfect as it may be it is the only materia medica of the age deserving the name, the only record of drug pathogenesis and necessarily the nearest perfect that the world has ever obtained. For over a century it has withstood the assaults of the enemy and has proved an impregnable fortress. It has served a solid and unyielding foundation upon which has been successfully erected the only temple of true scientific therapeutics. It has witnessed the rise and fall of many false theories, and in its gigantic strength has successfully withstood the temporary tempests which have raged about it. Its history has necessarily been the history of Homœopathy itself, and today the greatest evidence of the truth of Homœopathy and the strength of the foundation upon which it was builded lies in the victories which its therapeutics have won in the great mission of healing the sick. Every decade, almost every year, especially in recent times, has been marked by the wide heralding of some new discovery in allopathic materia medica and therapeutics, and in almost every instance before the notes of rejoicing had ceased the new discovery had been found wanting and gone down to merited oblivion. Even today, in this enlightened age, ambitious doctors are constantly publishing new theories and new methods and new remedies for the cure of disease. But unfortunately for the world these prove of no value other than to advertise for a short time their ambitious discoverers. Gladly would we welcome any new truth that would assist in saving human life, but, so far, it has been pretty well demonstrated that this is never found outside of the great law of similars and the application of homœopathic therapeutics. These projected theories rise and fall like rockets and are seen no more. The so-called discovery of today is published widely tomorrow, and its failure announced within a fortnight after.

Hahnemann, like a true scientist, worked and studied day and night for ten long years in perfecting the homœopathic materia medica before he allowed the results of his labors to be made known to the world. This is the spirit of true scientific inquiry, and when the homœopathic materia medica was given to the world it was no meaningless jumble of hastily conceived opinions, but was a scientific production based upon repeated and long continued observations and experiments. Else, had it not been so, it could not have lived to bless the world and prove each day more strongly its truths for over a hundred years, and this, too, in the face of the most violent and persistent opposition and criticism, including abuse, ridicule and misrepresentation. Today the allopathic materia medica is only receiving additions to its hoary traditions through the aid of commercialism rather than science. Competing firms of manufacturing chemists the world over are vieing to see which can bring out the greatest number of new medical preparations and advertise them to the world. The physician, poverty stricken in his therapeutics, catches, like a drowning man at a straw, at these preparations, hoping that each in turn will prove more useful that its predecessor, only to be disappointed. And yet nothwithstanding the rich manna offered by the homœopathic materia medica there are many homœopathic physicians who lust after the empty flesh pots of Egypt, and as a consequence are starving in their therapeutics, and bringing discredit to the only scientific system of therapeutics the world has ever known. All the wonderful discoveries in the domains of science have failed to belittle the value of the homœopathic materia medica and therapeutics. Bacteriology may possibly have solved the problem of the cause of dis-

ease, but it has shown nothing new as to their treatment and their cure. The homœopathic physician goes on the same old way, successfully combating microbic diseases with the remedies indicated and prescribed long before the specific bacilli were discovered. Baptisia aborts a typhoid fever today just as certainly as it did a quarter of a century ago, but only when applied in accordance with the indications recorded in the materia medica. Belladonna likewise combats under certain circumstances the scarlet fever poison, or erysipelas infection, regardless of the specific bacilli. Hepar sulphur and Silicea control suppurations today just as they did before antiseptic treatment was known, though they may be less often required.

All modern discoveries in medical science, therefore, however true and valuable they may have proved to be, have not in the least detracted from the merits and scientific value of the homœopathic materia medica and its therapeutics. It stands today in all its admitted imperfections unrivaled and unapproached—the only system of medical treatment which continues without change successfully combating disease regardless of new discoveries and consequently changing views as to their pathology and causation. That the distinct difference in the comparative results of homœopathic and allopathic practice are not so markedly obvious today as a quarter of a century ago, though still largely in favor of the former, is not due to any defect in the homœopathic materia medica, but chiefly to two other quite distinct and separate causes. First, because modern science has taught us much in sanitative and preventive medicine that is equally the property of all therapeutists, and which has markedly decreased the death rate in allopathic practice, and, second, because it is the exception now-a-days, rather than the rule, for the homœopathic physician to adhere strictly to homœopathic principles in his practice. I might add also a third case, viz, because allopaths very largely employ smaller doses of medicine, often a single drug at a time, and very often a homœopathically indicated remedy.

Thus in a measure the two systems of practice have come closer together, and the results in practice are not so positively favorable to Homœopathy as in the past. Yet today in spite of all these facts it is true that the homœopathic materia medica is the only materia medica based on a scientific foundation that the world knows, and its therapeutics based thereon still affords the only safe and certain guide in the cure of disease. This fact is being admitted by many prominent allopathic physicians and a text book of homœopathic materia medica is no longer an unusual sight in an old school physician's library. Consequently the world at large is rapidly recognizing at this late day the merit of Samuel Hahnemann, and of his discoveries. In hospitals and dispensaries as well as in private practice all nations of the world are receiving the blessings of homœopathic medication, and Hahnemann's name is being honored and preserved to future generations in tablets of bronze and monuments of enduring grandeur.

ALSTONIA CONSTRICTA.

BY T. J. MERRYMAN, M. D., LINCOLN, NEB.

Some twenty-five or thirty years ago a Chicago pharmacy (I am not certain which one, but believe it was Boericke & Tafel's) procured in some way a quantity of Alstonia and sent out sample bottles to have it tested.

My recollection is that it was claimed to have tonic properties, and was useful in cases of debility following acute diseases. Whether it was recommended for malariad trouble or not I cannot now recollect, but these are the conditions in which I have found it most useful. The first case in which I recollect of having used it was this: Mrs. D., a tall, slim, narrow-chested woman, was suffering with a violent and dangerous attack of pneumonia. I was hastily summoned during the latter part of the night with the information that they thought she was dying, and I hastened to the bedside and found her in a collapsed condition, apparently wavering between life and death, and evidently needing prompt and vigorous treatment to arouse her wavering vital forces to action.

I gave her a few drops, I think, of the first decimal attenuation, as that is the strength in which I have generally used it. Within a few minutes there were indications of improvement in her case. The circulation began to improve, the respiration became more easy, the death-like appearance disappeared from her countenance, and within a short time it was apparent that she had taken a new lease on life, and from that time on steadily improved, and made a good recovery. This case encouraged me to use it again and again, and for the last twenty-five years I have always carried it with me, and often prescribe it to strengthen and tone up the system after acute and debilitating diseases. I have had patients so weak and exhausted that it seemed as if they could scarcely live or breathe that would speak of a decided improvement with in a few minutes after taking a dose of Alstonia. The only mention of which I can find of this remedy in the literature at my command is in Dewey's Essentials of Materia Medica, in which he says we use Alstonia in low malarial fevers, cramp, diarrhœas of undigested food when of malarial origin, and this is all he says about it. I have used it some in malarial conditions. The strongest evidence of its usefulness in malarial troubles comes to me in this way: About ten years ago I had a nephew who decided to go to Africa as a missionary, and his destination was on the west coast of that continent in a very malarial region. And so deadly was the malarial poison of that country that a company of missionaries who located there a year previous had lost about one-half of their number by death from malarial fevers. I prepared some remedies for his use which I thought would be most likely to overcome the malarial conditions to which I knew he would be subjected. On his return some three or four years later he told me that the Alstonia was the only remedy I had given him which seemed to be of any benefit in their malarial troubles. Dr. B. F. Bailey favors me with the following notes from his use of Alstonia:

I have used Alstonia in numbers of cases of atonic dyspepsia where China officinalis seemed to be indi-

cated but failed, the indications being (the remedy not having been proved) the same as in China, China failing to act. In such cases it has given me most pleasing results. It has been, however, most useful to me in epidemic dysentery during damp fall weather where we have colicky pains relieved by dysenteric discharge of small amounts of fœcal matter and much mucus, the same accompanied by much prostration and some temperature, and the inclination to chills at periodical intervals, giving rise to suspicion of malarial conditions.

It has been found useful to me also in cases of debility succeeding a long illness, as, for exampule, typhoid fever. It seems to me to have a more satisfactory action in many cases than China.

Otology.

AURAL VERTIGO.*

BY EDGAR J. GEORGE, M. D., CHICAGO, ILL.

A lady in her sixties, rather fleshy, previously in good health, was walking across the floor in her apartment one morning, when she was suddenly seized with severe vertigo and nausea. The attack was so sudden and profound that she fell to the floor with a scream that brought her family to her. The first impulse of the alarmed relatives was to lift her from the floor, but the least movement of the head caused such intense vertigo and nausea followed by profuse perspiration that she would beg of them not to touch her but to leave her alone. Her physician was, of course, sent for, and after great difficulty and extreme suffering she was placed in bed.

I saw the case in consultation about a week or ten days later. The symptoms had subsided somewhat, the vertigo was still so marked that the head could only be moved on the pillow between the attendant's two hands, and then only with the greatest care. There was complete loss of hearing in the left ear with a marked high pitched tinnitus.

This was a typical case of Meniere's disease, due to an effusion of blood into the semi-circular canals. I never learned the outcome of the case, but as to the prognosis the patient after a time will recover her equilibrium and be free from vertigo and nausea, but it is not likely that she will ever regain her hearing.

October 30, 1900, Mr. L. E. McP., an attorney, age 53 years. Last August while at his desk was seized with a sudden and persistent vertigo. The attack was so profound that he almost fell from his chair. His friends had great difficulty in getting him to his home.

At the time his attending physician diagnosed the case as heart failure, as he had previously been troubled with attacks of rush of blood to the head. He was confined to his bed and was not able to move about for nine days.

At the time I saw him he still had vertigo on sudden motion, and was referred to me for an examination of the eyes, thinking perhaps that an error of refraction might have something to do with the cause, as his glasses did not seem to be exactly right. There was at this time some tinnitus and partial loss of hearing in the left ear. My diagnosis was slight hæmorrhage in the semi-circular canals. I have seen him from time to time since, and he has fully recovered, but there is still impairment of hearing.

My friend, Dr. C. R. U., aged 28, practicing in a country town not far from Chicago, had been ill for some weeks. On account of the peculiarity of his case he nor the physician who attended was certain of the diagnosis. After a lapse of about two months he was able to come to the city and paid me a call. On greeting him in the usual manner, "How are you, Doctor?" he replied that he wished he was all right, though he was gradually getting better of a giddiness and uncertainty in his gait. He said that he had to be very careful in his movements, was obliged to carry his body and head erect, and avoid turning suddenly on account of the paroxysms of vertigo. He gave me his history as follows:

He arose very early one morning to take a long drive in the country. While his man was getting the team ready he began to prepare coffee and toast before starting, not wishing to arouse his wife. Suddenly he felt giddy and sick. So intense was the seizure that he laid down on the kitchen floor, thinking perhaps the faintness would soon pass off. He gave up his trip, and with difficulty returned to bed, which he did not leave for several weeks. During the attack he complained of his head, but could not tell in what way it troubled him, as he was partially delirious. He said that he had not noticed any marked deafness, but there had been a slight ringing in one of his ears, which had passed off.

This undoubtedly was a case of Meniere's disease.

A great many cases of aural vertigo are due to an impaction of cerumen in the external auditory canal. The patients in many cases are not aware of the existing plug. Quite a few have been referred to me for an examination of the eyes, thinking an error of refraction or muscular insufficiency was the cause, and on removal of the mass from one or both canals resulted in a speedy relief. A loose plug of cerumen sometimes causes periodical vertigo, especially on tilting the head from side to side or lying down. Vertigo from this source is produced by increased pressure on the labyrinthine fluid through the drum membrane and ossicles forcing the foot-plate of the stapes inward.

An obstruction to the escape of pus may give rise to vertigo, nausea and vomiting, or a staggering gait. Polypus attached in the neighborhood of the stapes may also be the cause. Syringing the normal ear, or chronic suppurative cases, frequently cause dizziness due to undue force or the current being directed against the drum membrane.

In syringing the ear the stream should strike the superior wall first, thereby breaking the force, and is less likely to cause intertympanic pressure.

Hyperæmia of the labyrinth sometimes follows acute purulent otitis media, especially when due to scarlatina, diphtheria or other acute exanthematous diseases, also from other general diseases as typhoid and typhus fevers and cerebro-spinal meningitis.

Certain drugs as Amyl nitrate, Quinine and Salicylic acid are a factor, and the symptoms of the

*Presented to Ill. Homœopathic Medical Society.

acute stage are vertigo, giddiness, vomiting, inability to walk steady, tinnitus and a full feeling about the ears.

The treatment of these various conditions depends upon the diagnosis and symptoms. When the semi-circular canals are involved, complete quiet and rest in bed with suitable diet is most essential. Arnica 3x has served me best where there is a hæmorrhagic exudation. Hamamelis, Crotalus horridus, Glonoine and Petroleum may also be indicated.

The treatment of the hyperæmic form will of course depend upon the cause and symptoms. Where vertigo is the result of pus pressure a liberal incision of the drum membrane or the removal of inspissated pus or cerumen is necessary. The method of removing impacted cerumen by the syringe is so well known to all that it is not necessary to give a detailed description. I would say this, however, before passing the subject over, that if any practitioner should encounter a very dry and hard impaction he will find by filling the canal with ether and letting it remain a short time that the mass will shrink by the ether extracting the oily constituents, thereby facilitating the removal at one sitting with ease as well as comfort to the patient. It is bad practice to send a patient away with medicine to be dropped into the ear for the purpose of softening an impaction of cerumen before removal, as the plug often consists mostly of desquamated epithelial cells, which swell on absorption of moisture, causing pressure and injury, and thus aggravation of the symptoms present.

Practice of Medicine.

A BACILLINUM CURE.

BY F. MASON PADELFORD, M. D., FALL RIVER, MASS.

Much skepticism no doubt exists as to the efficacy of the so-called "nosodes" which are used by some members of our school of medicine.

Those whose habit it is to use only the low potencies and crude drugs, and these rarely singly, will naturally have little or no use for such preparations. Yet if it is possible to cure an occasional case which has resisted other forms of treatment, it would seem hardly just to allow the patient to suffer if the administration of a despised remedy in an unpopular potency might bring about a cure. Particularly so if the potency employed be one not likely to destroy or endanger life.

The following case has been instructive to me and may be of some slight interest to others:

The patient, a woman, æt. 45, has for a number of years suffered from a condition which had been diagnosed as "muscular rheumatism." This diagnosis made by a number of physicians.

The diagnosis may have been correct, but up to this time (nearly two years ago) no treatment, either homœopathic or allopathic, had had any apparent effect.

As described by the patient, the condition was about as follows: With the advent of cold weather, usually late in December, the woman, who, from her appearance, one would judge to be in good health, after some weeks of suffering from transient muscular pains, would be suddenly attacked with what seemed to me, from her description, to be a tonic contraction of the flexor muscles of the limb involved; the arm or leg becoming rigid in a flexed position, and remaining so for a number of days, after which the spasm gradually gave way. She would be able to straighten the limb a little each day until at last she could completely extend it. For some time, however, the weakness was so great that the part would be of little use. Strength gradually returned. Later, another limb would go through a similar kind of attack.

While this condition lasted the rigidity was so great that the husband was unable to straighten the affected part.

A sudden exertion would oftentimes precipitate an attack.

With the return of warm weather the trouble gradually disappeared, and during the summer she seemed to be in comparatively good health.

I made no examination of the pelvic organs at this time, but understood that there was a bad perineal laceration and some degree of uterine prolapse. This diagnosis I later confirmed.

I told the patient that it was quite possible that the trouble was reflex, due to the pelvic condition, and if so but little could be expected from medicine until this trouble was cured surgically. She was not at all inclined to consider an operation, and wished me to see what medicine might do.

The condition then was a chronic one of some years standing, and had resisted all forms of treatment up to this time.

My suggestion that the trouble might be due to the pelvic condition would seemingly lessen her confidence in medicine, so it would seem fair to attribute any improvement which might follow to the remedy or remedies which were given.

First I gave her Sepia, which, as far as I could see, did absolutely nothing.

At the time of her second visit I gave Causticum 3x, and, as a matter of experiment, while she was in the office, I gave her one powder of Bacillinum, 200 B. & T., taken dry on tongue.

I have neglected to state that her family history was tubercular, although she has never shown any evidence of such a trouble.

When she called again she reported that she was very much better, and now, of course, there was a question as to which remedy the improvement might be due. As she had previously had homœopathic treatment, I had little doubt but what Causticum had been previously given, and if so, I imagined that it was given in the same potency, 3x.

I repeated the Bacillinum in the same potency, 200, and gave Saccharum lactis. She continued to improve until in the winter there was some slight return of the trouble, but one dose of Bacillinum, 200, gave almost immeditate relief. Since that time she has had two or three doses of the same remedy and has had no rheumatism.

If I had given Cimicifuga 2x every two hours, I should have believed that the apparent cure was due to the remedy prescribed. I should have been an enthusiastic exponent of the efficacy of the Cimicifuga. As it is, having prescribed a "nosode," and

this in the 200th, it may be wise to attribute the cure to faith.

I regret that I am unable to supply anything in the way of more exact symptoms or characteristics. The woman appeared rather fleshy, although the flesh was not of good consistency. Light complexioned, light hair, blue eyes.

In her younger days I should judge that she was a fairly good example of what the books describe as a Calcarea phosphorica type.

It will be observed from the case above that the general aggravation of the condition occurred during the winter (cold weather). A decided amelioration during warm weather.

There was nothing in her life history which seemed to me to have any bearing on the case.

It may be thought that the approaching menopause had some casual influence, yet the history of the case to me indicated nothing of the kind. The results, so far as response to medicine is concerned, would seem to still further deny that it was due to this cause.

NATURE VS. MEDICINE.

BY E. C. BARLOW, M. D., GEORGETOWN, KY.

It is a common phrase among the profession to say, "Let Nature take its course;" along this line it is my intention to dwell.

In seeking the true definition for the word "Nature" I find from the time of Galen it has been usual to speak of the life of the body either as proceeding in accordance with nature (Secundum Naturam) or an overstepping the bounds of nature (Præter Naturam), thus any deflection from the line of health is usually the first of medicine.

The normal condition of the body is the absence from its structures and functions of every disease hitherto known.

Physiology is, strictly speaking, the science of that which is nature. Life (as the psychologist puts it) is like a pendulum, the closer it swings to the perpendicular the more perfect is health, any deviation from this line, more or less on one side or the other in its course, is not normal, and then comes the law of compensation.

The universal law is, like and unlike are equal and opposite; from this law the founder of Homœopathy (Hahnemann) based his law of "Similia similibus curantur." This law condemns the abuse of drugs both in the old school and in ours. This law alone should recommend Homœopathy before that of the old school; that is, we are able to apply remedies for curing the sick without entailing upon them drug effects, often more serious than the original disease.

It is a fact that the allopaths are cutting their doses down considerably trying to copy our system, but they are as far behind as ever, as the principle is wrong, and after a dose of their medicine nature is required to throw off the excess as well as to assist the cure. If the majority in our school would stick to the similimum more closely and not branch off into allopathy because they happen not to be up on Materia Medica as they should, our school in a very short time would outrank our opponents in all the walks of life, also making their individual practices more profitable.

Man is the highest order of animal life created, and his mortality is a very delicate, intricate and complicated piece of work, and if you crowd this life with a lot of excess drugs the result will be disastrous, this excess poison must be carried off at the expense of some part or parts, and the compensation is so much increased by it as to permanently injure the part or in ruining the whole system. Thus overworked for nature and a bad prognosis for the case. I know of a case where an allopath gave thirty-six remedies in twenty-four hours in one case, and twenty-eight in another in the same length of time; it is needless for me to tell you what the result was, only that I was surprised that poor nature did her work so well in holding the soul so long before it had taken its flight.

Of course, none of our school was ever guilty of such a mean, low and vile an act of prescribing a bottle of patent medicine to a patient; it should be a criminal law all over the world and a penitentary offense to be guilty of recommending any such. The remedy usually contains enough ingredients in its formula to stock an ordinary pharmacy. Nature would have a swell time wrestling with ninety-nine of the ingredients, while one gets in its work and usually she earns her reward of eternal rest after such a task. I have seen the old school men make some prescriptions; if for a serious case they usually start it off with morphine for the pain, strychnia for the heart, a little ipecac to keep the stomach clean, croton oil to keep the bowels open, turpentine to make the kidneys act, potassium for the blood, and quinine for the fever; in fact, every remedy for an anticipated emergency, with explicit instructions that the prescription must be changed in case nature was strong enough to allow it to continue until the next call.

Our school is now tolerating a concoction that is just as bad as the patent remedy known under the beguiling head of combination tablets; it is a commercial output that is nothing more or less than a scheme to get us to relax our research in the similimum, causing us to drift into a state of lethargy of hit or miss, less of the hit unless it is to hit nature hard and make it a trying task on her part in trying to right matters. It would be far better for the patient and more profitable to the profession if a placebo were given, as the per cent. is always in our favor if no medicine were given at all, as that is nature's stronghold.

Some of our school make a mistake in prescribing a different remedy for every prominent symptom in a case because it happened to come under that head, not knowing that there is one remedy containing the combined lot.

Again, when it is hard to differentiate between the two drugs they are alternated; still nature may be relieved here, because there is a chance of the remedies neutralizing each other. The similimum observed would act more quickly in bringing around a normal state of affairs, and nature's part would be like play, for there would be no excess poison to deal with.

Nature contributes very much to the bringing around a restoration, and by the conservative ones

is looked up to as an important factor during the critical stage. Still some become impatient and cannot await until nature does her part, but must hinder her course by crowding in more remedies.

The surgical fad receives many victims where relief could have been found by resorting to a single remedy, and if more of us were materia medicists and less surgeons, we would advance more rapidly, for it is just at this point that Homœopathy has its stronghold. With pure air, water, food and sunshine combined with Homœopathy and nature's strong assistance, we should lead and defy the world of pathies.

SOME SNAP SHOTS.

BY H. M. BENTLEY, M. D., STERLING, KAN.

As the title of my paper might be somewhat misleading, a word of explanation is necessary.

Snap shots might mean hasty prescribing, a thing which the true Homœopath should diligently avoid, although sometimes he can find only one and sometimes only two strings to his fiddle.

Snap shots as I mean to use the term are cases that have puzzled other physicians, but for me prescribing has been a snap.

Case I. Cecil W., æt. 6.

Diagnosis, eczema.

She had had eczema for about a year. Her parents had tried everybody and everything.

To give you some idea of her condition she was one solid crust from the crown of her head to the soles of her feet, extremes inclusive.

Before she could be dressed she was wrapped in vaselined cloths. There was intense burning and itching. Redness of all the orifices. Eyelids, lips, ears, anus all fiery red. Did not want to be bathed. Very offensive odor from body. Family history being negative I proceeded to prescribe Sulphur 30x, a pill morning and night. In four days' time the eczema had dried up wonderfully, but in a week's time was nearly as bad as ever. Sulphur 30th continued. I felt sure of my case, as Sulphur cases are continually relapsing. In a few days' time it had dried up again only to reappear, but not as severe.

At the end of three months she was completely cured, and from that day to this not a sign of it has returned.

I did not use a thing externally except the vaseline.

Now the most interesting point is this:

After I had dismissed the case, the mother said she did not want to steal my profession, but she would like very much to know what I gave her.

I told her simply Sulphur, whereupon she exclaimed: I have given that child enough sulphur and molasses to float her.

That is the best illustration of the power of potentized medicine over the same drug in crude form I have had in my practice so far. A physician of the old school would scoff at the idea, but Dr. Nash, in his Leaders in Homœopathic Therapeutics, has expressed it about right when he said: "Isn't it curious how some physicians will hoot at a potency and fly like a frightened crow from a bacillus varying in size from .004 millimeters to .006 m. m.

"They can hardly eat, drink or sleep for fear a little microbe of the 15" culture will light on them somewhere, but there is nothing in potentized medicine."

Case II. Elma P., æt. 20. Had irregular and scanty menstruation. Sometimes would miss two or three months, and then scanty. She had light hair, blue eyes. Margin of eyelids inflamed, lips would crack, leucorrhœa of thin white mucus.

My first thought was of Pulsatilla, but she had constipation instead of diarrhœa.

She had a breaking out on her face which Pulsatilla does not have. Then, too, her leucorrhœa was a thin white mucus instead of a thick yellow mucus.

I gave her Graphites 30th, one pill three times a day.

One 2 dram vial was all I gave her, and she has had no difficulty since.

Case III. Edwin D., æt. 4. His father brought him to me saying that he had had nose bleed for four weeks, with only short intervals of stopping. Other doctors had given various remedies, and had even used plugging, but all to no purpose. The child was plump, with very fair skin, which was pale and flabby. His head was normal except profuse sweating.

He had cold hands and feet. My prescription was Calcarea carbonica 6x. The child never has had a return of the epistaxis after the second day's use of the medicine.

Case IV. Was that of a man about 40, who had suffered every month for a year and one-half with a terrible pain in his left side just below the lower border of his ribs.

Three other physicians had pronounced it inflammation of the spleen.

As I said, for two days once a month he would be confined to his bed with excruciating pain, for the relief of which he would apply all sorts and conditions of various applications.

Between one of these attacks he consulted me. I asked him one question, and that was to locate the pain. He said it was under the lower border of his ribs on the left side, well around towards his back. I told him he had gravel, and began treating him for it.

After treating him six weeks he passed two gravel, and his inflammation of the spleen was cured.

I gave him lithiated Vesicaria θ. A case very much similar was a patient with a pain in the same location, only on the right side, which other physicians had treated for liver trouble.

I pronounced his a case of gravel, and after a few weeks' treatment was rewarded by his passing a few gravel.

My treatment in his case was the same as in the preceding one.

Case V. Fred. G., æt. 42. Had attacks of a severe bronchitis for a number of years, and having tried all the physicians in Sterling without relief was in the habit whenever he thought an attack was coming on, of hastening to his old physician in Pekin, Ill., for treatment.

These were the facts as he gave them to me on my first visit: There was quite an accumulation of mucus with coarse rattling, and coughing did not seem to avail much.

His face was pale and he seemed to be drowsy.

I gave him Tartar emetic 6x, and for five years he has never had a return.

AN X-RAY TUBE WITH ADJUSTABLE FOCUS.

R. V. WAGNER, M. D., CHICAGO.

If one examines the outlines of a shadow from a light emanating from a large area—e. g., a gaslight—it will be seen to compare favorably with the outlines on a fluoroscope or on a picture, when the X-ray is used from a tube having the anode out of

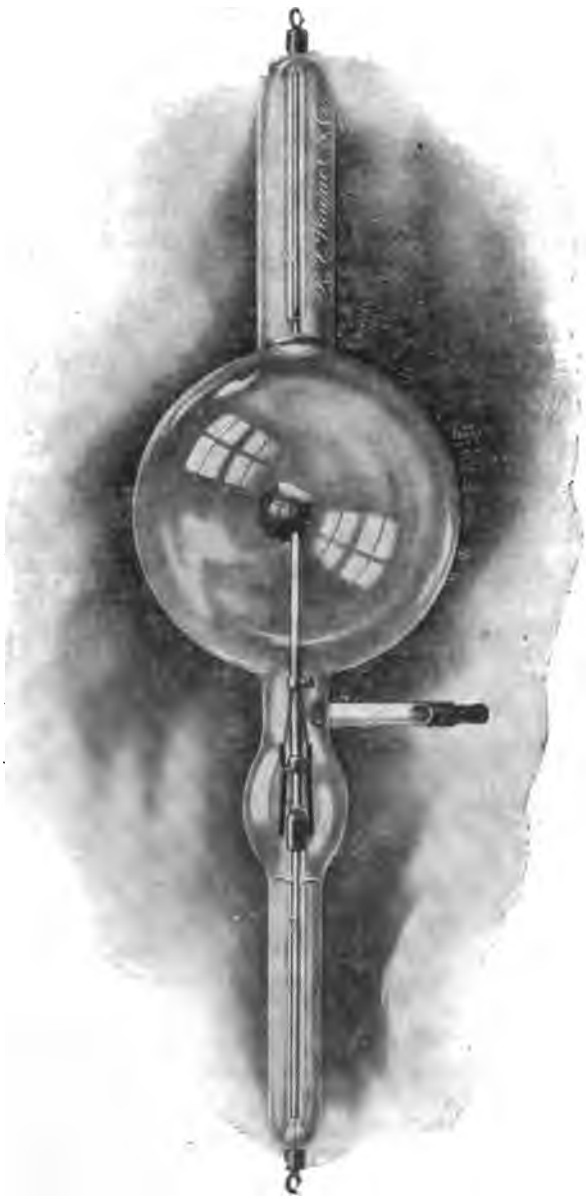

FIG. 1.

focus. On the other hand, the outlines of a shadow emanating from a small area—e. g., an arc lamp—resemble the outlines on a fluoroscope or on a picture, when an X-ray tube having a sharply focused anode is used (Figs. 1 and 2).

The X-ray emanates from the molecular bombardment of the rarefied air in the tube on the surface of the anode. The structures of rarefied air are repelled from the concave disc or cathode forming the cathode rays or stream. This cathode stream striking the surface of the anode or disc in the center of the tube produces the X-ray. To obtain a sharp

FIG. 2.

focus the anode must be a given distance from the cathode, just as an object must be a given distance from a lens to be in focus.

In making a Crookes tube by all methods used heretofore, it has been practically impossible to get the anode the required distance from the cathode, so as to obtain a sharp focus, as the stem supporting the anode had to be sealed in the glass by guess, and the tube exhausted before it could be tested, when, if the anode was found defective in respect to its focus, it was too late to remedy the defect, without going to an expense nearly equal to that of making a new tube. A microscope can not be focused accurately by a person who guesses at the distance the lenses should be from an object, without looking through them. This would be much easier, however, than to focus a Crookes tube by guess, as to the distance the anode should be from the cathode, because of the skill required on the part of the glass-blower to seal in the stem supporting the anode, so as to hold it where he thinks it should be; his judgment of where it should be is purely guesswork because there is no way of testing, until the tube is exhausted and properly excited.

The new feature of my tube is in having the anode

mounted on a threaded stem which can be magnetically operated through the glass, so as to move the anode up or down or circumferentially with the surface of the tube, to obtain an absolutely accurate focus (Fig. 3).

FIG. 3.

The little armature on which the magnet acts can not possibly get out of adjustment, and will hold the anode in any required position, either in focus or out of focus, as the operator may desire for some therapeutic purposes.

When a cheap metal is used for the anode, it must of necessity be out of focus because it will not stand up under the strain of having the molecular bombardment confined to a very small area, as is the case when the anode is in focus. Platinum is the only metal that will do for a sharply focused anode, as it not only stands a very high degree of heat, but is not broken down by the molecular bombardment, like inferior metals, e. g., nickel steel.

In my tube the anode (Fig. 4) is completely cov-

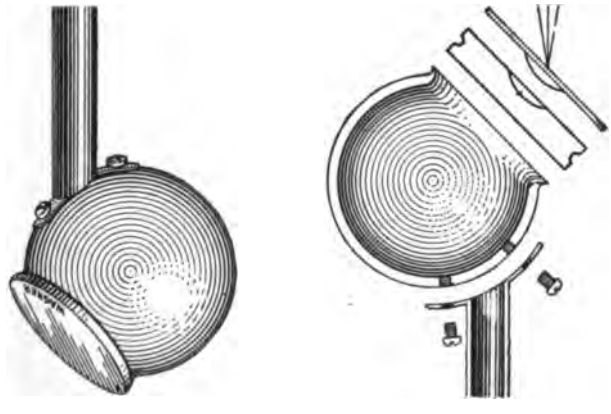

FIG. 4.

vered by a plate of platinum made very thick at the focus. This plate of platinum is electrically welded to the metal forming the body of the anode, and will stand an unusual degree of heat, and unlimited usage, even with the sharpest focus.

With my method of magnetically adjusting the anode, it is possible to make every tube alike, and to accurately focus the same after the tube is finished and in operation, just as you focus a microscope by looking through the lenses, instead of guessing at the adjustment by observation as to the distance of the lenses.

In order to appreciate the vast difference in X-ray work due to the proper focusing of a tube, the sharpness of definition can be carefully tested (Fig. 5) by taking an ordinary wire screen 20 holes to the linear inch (called a 20-mesh sieve), hold the fluoroscope 24 inches away from a tube, and it will be found that with a poorly focused tube the screen will have to be brought very near the surface of the fluoroscope in order that the mesh be clearly distinguished. The nearer it is necessary to bring the screen to the surface of the fluoroscope, the more the tube is out of focus; but the farther away the screen may be held and the mesh clearly distinguished, the more accurate is the focus of the tube. With a perfectly focused tube the holes in a 20-mesh screen will stand out perfectly clear at least 12 inches away from the fluoroscope, having the fluoroscope 24 inches away from the tube.

tinguish a good tube from a bad one shoud be carefully considered. X-ray workers posted on the requirements of a good tube will agree that it is more

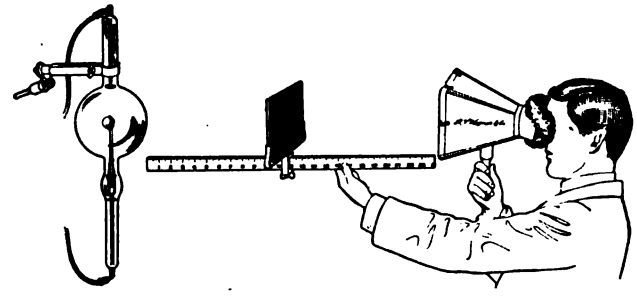

FIG. 5.

difficult to obtain a good tube today than it was a few years ago, before low-priced competition arose, and that two tubes made in appearance exactly alike, with practically the same degree of vacuum, and the same quality of glass for the bulb, will give entirely different results, on account of the difference in the focus effecting the definition in radiographic work. Every operator will find that out of a large number of tubes, as made heretofore, but one will do good work, and one that he is willing to adopt as his "pet tube."—Jour. A. M. A.

The Medical Century recently offered prizes for essarys on the subject given above. This pamphlet contains the successful essays. Dr. McConkey's essay secured the first, Dr. Baldwin's the second, and a writer whose name is not given the third. America is to be congratulated on the fact that it is possible to write on such a subject in that country. Here it is not possible—students have no choice! May the British Homœopathic Association make the choice possible!—Homœopathic World, July.

The Wilson Hay Fever Disks exclude pollen from the nasal cavities, therefore give satisfaction in the treatment of this troublesome disease.

Addresses.

PRESIDENT'S INAUGURAL ADDRESS.

BY W. B. CARPENTER, M. D., COLUMBUS, O.

Members Homœopathic Medical Society of Ohio:

I embrace this first opportunity to formally express to this Society my appreciation of the honor which the members were pleased to confer upon me a year ago. The responsibilities of the office are always great, but they have been lessened by the loyal, unfailing support, the wise counsels, the cordial friendship that I have received constantly from all sections of the State, and in the closing hours of my administration. Relying upon this same consideration, I desire to talk over with you some matters of great interest and importance in the hope that there may be a distinct advance in the knowledge of our profession, and in our ability to carry its good to others.

First, then, let me say we live in a time when there is need for action, for doing something. Theory is all right, is necessary, but mere theory is but a waste of opportunity and never advanced any cause. Intelligent thought and fearless action bring results. We, as a school, do not have to fight as did our fathers for their very existence; the times have changed, and other problems, at least no less necessary, must be met and solved. The "exigencies of modern life, higher education and general culture unite in demanding such a thorough understanding of ourselves and our work that there may be new laws and associations" when new conditions and surroundings obtain. How often in our gatherings do we felicitate ourselves over our goodly heritage, the law of similia; do we clasp hands and pat ourselves on the back over the claim that from Hahnemann we have received nature's perfect law of cure, and stop there. If that be so it is our business to know more of this law than Hahnemann did —we live many decades later. The law of progress and development will not permit us to keep our treasure carefully hidden away in a napkin; both we and our treasure would be lost. Come to think of it, it is probable that nearly every homœopathic physician is individually trying to make the most of himself and his opportunities. But the individual cannot produce much force or stir; we need organization and unity of effort. Some have been and are talking about unity of schools, but no conditions have arisen yet that render such a thing advisable or possible. We, ourselves, must organize. We need a homœopathic society or club in every city, town, township, county or cross-roads where two or three, or more, physicians can be assembled. Sectional societies, State and national bodies will follow and enlarge the work of these smaller centers. I would suggest that this Society consider the wisdom of the plan enacted elsewhere, by which members of these smaller bodies shall be members of the State society upon the payment of certain dues, or the complying with certain other requirements, to be determined by a conference between such organizations.

To organizations we owe what we are and have as a school, and to maintain what we have, and to succeed in the future in furthering and extending our interests organized medical societies or clubs are even more necessary.

Organized effort ought also to take another form, that of establishing hospitals and dispensaries in every town of reasonable size. No doubt such an institution would have, in many instances, a very small beginning, but it would be a distinct advance and help, and would surely grow into a larger field of usefulness. Such institutions would not only be an evidence of the practical benevolence of our neighbors, and furnish a place for the more thorough, convenient and systematic care of our patients, but what is still more important, would furnish the opportunity for practical demonstration of the truth and power of the system in which we so thoroughly believe. It is well enough to claim this and that, to tell those we meet of the superiority of our way of doing to have popular meetings to rehearse our achievements, and show infallible (?) statistics, to prepare tracts and proper literature for public distribution, but in all our institutions of whatever kind and size we can demonstrate in a way that admits of no argument the truth of our belief.

As a corollary to this it follows that we must all be greater students of our Materia Medica; we must do continuous, systematic work in the study of homœopathic remedies so that the symptomatology of our drugs may not only be reliable and complete, but also be at our fingers' end. Thus can we lend lustre to the triumphs of surgery, force to the revelations of bacteriology, point to the study of pathology, and obtain the degree of "Master" of our calling, whether it be viewed as a science or an art.

Again, it should be our aim to secure as many recruits as possible to the study of Homœopthy; the Macedonian cry is abroad in our land for practitioners of our school, and the laborers are too few. Young men should be encouraged to first secure a really good foundation education, and then address themselves to the study and practice of homœopathic medicine. We read of the "passing of the preceptor." For one I hope that the changed methods of scholastic training will never succeed in effecting the removal of those so necessary to our growth. Every office should be a recruiting station first, a source of inspiration, encouragement and help ever afterward.

So far we have given consideration to professional co-operation, about which this further word is apropos. Let your professional associates know of your work and the results of your study through papers for medical societies and journals, and through discussion based on experience of others. It is quite the thing now to arrange for the outdoor treatment of pulmonary tuberculosis in properly constructed buildings or tents. Such arrangement is an evident help toward relief and recovery, and will be welcomed and advised by us all. But there is a form of tuberculosis, more amenable to treatment than the pulmonary variety, about which very little has been said. So I would call your attention to the fact that the "conditions of climate and general hygiene" that have made the sanitoriums for the consumptive so successful, would prove of even greater advantage to the numerous cases of surgical

tuberculosis which you all know are mostly seen in the children's wards. Fresh air, sunlight, proper surroundings and proper homœopathic medication will show themselves aids to recovery so effective that the best surgical care cannot suffice without them. Hence, the need for small neighborhood hospitals for this purpose also.

Speaking of hygiene reminds us that the attention of the State has been directed during the last winter to the general question of sanitation by the prevalence of typhoid fever in the larger cities, notably in the Capital City. From these recent experiences we are more sure that typhoid is a preventable disease, and is due to defiling living water. It is now proposed to maintain large filtration plants for the purifying of the drinking water. "Such plants are only costly makeshifts; they neither filter out the abomination nor attack the real source of infection." This whole question really is in the realm of political economy, and its problems cannot be solved without the united effort of the local and State board of health (these same boards not being political machines), and even then the complication and expense of the problems make it advisable and necessary for the general government to take hold of them, and through a department of health banish all these preventable diseases.

The report of the legislative committee will show you that very little was attempted, and nothing really accomplished in the way of changing the medical laws of the State during the recent session of the Legislature. There are continual efforts to induce the trustees of the O. S. U. to establish a college of medicine as a part of their institution, the latest scheme being to take over an allopathic school as the medical department of the State University. We have no doubt that our interests and rights in this matter will be watched and guarded by the legislative committee and other proper officers.

If you will turn to Section 1 of the By-Laws you will note that the initiation fee shall be one dollar, and the annual dues three dollars. I would respectfully suggest that effective steps be taken at this session to reduce the annual dues to a much less amount, probably one dollar. Considering the dues to our National Society and other societies similar to our own, we are placing too much burden on our members. The dues were placed at the present figure to meet the expenses of paying for the Society Transactions; but if the publication committee were authorized to issue a volume of transactions containing the record of business transacted, with the papers and reports incident thereto, and see that the bureau papers were all published in our journals, that would willingly and gladly do so, then would every interest of our Society (expense and all) be more thoroughly conserved and some burdens removed.

I shall not detain you at this time to listen to a review of any sort of the progress of this year. Marked progress in every branch of our science and art has been made. The journals, our best working literature, are full of evidences of this statement, and I am willing to believe that you all are familiar with these records. Permit me, though, to just refer to two lines along which decided progress has been made. A new light has been shed on the physiology of the ductless glands, as the result of the careful investigations of the last few years. These organs, till recently supposed to be vestigial, or of little moment, now seem to be the chiefest in the physiological chemistry of cellular metabolism, tissue respiration and oxidation. The adrenals here play the chief part in all the oxidation processes of the body through the oxygen laden plasma. The anterior pituitary body is the governing center of these oxidation processes, and the thyroid by its iodine in organic combination is necessary for sustaining normal pituitary function. The posterior pituitary body is made the chief functional center of the nervous system, and assistant in maintaining cellular metabolism of all organs. The proteolytic ferment from the pancreas and spleen plays the leading part in all immunizing processes. These few words give the merest hint of what may lead to a broader, deeper and larger understanding of the human economy.

In the neurological studies there has been considerable progress in the knowledge of structural organization of the nervous system; the better knowledge of function has led further up to the knowledge of intimate structure; the neuron doctrine is much better understood, especially as regards its repair after injury; the nature and transmission of nerve food by means of the electro-chemical status of the ions seems to have been fully shown; the pathologic nature of acute myelitis is now known to follow vascular disease and not precede it, more important superficial reflexes have been recognized and catalogued, and there is a growing tendency to combine nervous and mental diseases in study and in treatment, so that there may be more intelligent care of the mentally and morally afflicted. This, again, is a very fragmentary statement of the year's work in a special line, but it will serve not only as a hint of what has been done, but be a stimulus to keep posted and even to be helpers in these rapidly progressing and changing departments of our professional studies.

Again, members of the State Society, I thank you, and request your hearty co-operation in every way toward making this meeting a successs in interest and profit.

Societies.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The Twenty-fifth Annual Meeting of the International Hahnemannian Association met at Rochester, New York, Tuesday and Wednesday, June 28th and 29 th, President C. M. Boger, in the chair. The attendance was about sixty; the bureaus were filled with papers and discussions of unusual interest. The Local Committee gave a tally-ho ride about the City of Rochester, visiting the Hahnemann Hospital, among other places.

The following officers were elected: President, Dr. E. P. Hussey, Buffalo; Vice-President, Dr. S. L. Guild-Leggett, Syracuse; Secretary, J. B. S. King, Chicago; Treasurer, Dr. P. E. Krichbaum, Montclair, New Jersey; Censors, Dr. Isaiah Dever, Clinton, Dr. Stuart Close, Brooklyn; Dr. B.

Le B. Baylies, Brooklyn; Dr. E. B. Nash, Cortland; Dr. Caroline Tusey, Boston. Dr. R. L. Rabe, Weehawken, N. J., was appointed Necrologist.

The following heads of bureaus were appointed by the President: Bureau of Surgery, Dr. M. E. Graham, Rochester; Bureau of Obstetrics. Dr. H. R. Haughton, Boston; Bureau of Homœopathics, Dr. G. P. Waring, Chicago, Ill.; Bureau of Clinical Medicine, Dr. C. E. Alliaume, Utica ,N. Y.; Bureau of Materia Medica, Dr. F. W. Patch, Boston, Mass.

The report of the Necrologist showed the death of three members of the Society during the past year, Dr. A. R. Morgan, of Waterbury, Conn.; Dr. Anna L. Geddes, of Montclair, N. J., and Dr. F. W. Payne, of Boston.

Among the interesting papers was one by Dr. C. M. Boger, on the Use of Antitoxin in Diphtheria. Dr. Boger discouraged the use of this remedy, saying:

"What we used to diagnose as simple diphtheria is now called malignant diphtheira, and if you examine the statistics from the best sources, you will find that upon these, antitoxin has no effect.

"Hence, I claim that antitoxin is bolstered upon false statistics. A fair investigation will lead, inevitably, to the truth, and that is that the homœopathic remedy is still the best means of curing genuine diphtheria, and that antitoxin has made its reputation upon a host of cases that would often get well without treatment of any kind and fails in genuine diphtheria, now known as the malignant form."

We have not learned whether any movement was made looking to union with the American Institute of Homœopathy or not at this meeting. As Chicago was chosen as the next place of meeting, it would be a good place to get together in. Why cannot the executive committees of each body have a joint session sometime this winter and formulate a union. Chicago is a great union city.

HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN.

The fortieth annual session of our Wisconsin Society was notable in attendance and interest. It met in Milwaukee on May 24th and 25th, President A. P. Andrews, M. D., of Ashland, in the chair. The topic of general interest was an invitation from the allopathic society of the State to the Homœopathic Medical Society of the State of Wisconsin, to become affiliated it. Ten questions had been propounded to the Milwaukee County Medical Society by the Homœopaths, to all of which, with the exception of two, the county association failed to reply. The replies to the two declared that the homœopathic members would be required to surrender their memberships in the homœopathic society, and would have to give up the name of Homœopathy. The invitation was voted down.

Some able arguments were brought forward in opposition to accepting this significant invitation, most members looking at it in its true light, that of a confidence game.

A banquet was held in the evening at the St. Charles Hotel.

The papers were all good, and the discussions profitable. A large number of physicians from without the State were present. Among them were Prof. Geo. F. Shears and E. S. Bailey, of Hahnemann Medical College of Chicago.

The following officers were elected:

President, Dr. Frank E. Brown, Milwaukee; Vice-President, Dr. M. E. Barndt, Milwaukee; Treasurer, Dr. E. W. Beebe, Milwaukee; Secretary, Dr. A. L. Burdick, Janesville; Censor, Dr. Q. O. Sutherland, Janesville; Delegates to the American Homœopathic Institute, Drs. Frank E. Brown and E. W. Beebe.

Owing to the fact that out of a total of 300 practicing in Wisconsin, only about 40 attended the convention, an effort will be made during the coming year to increase interest. It is proposed to take a vote, by mail, on the place for holding the next convention. La Crosse, Eau Claire and other cities have sent in invitations.

The president appointed the following physicians to arrange for and preside over the bureaus at the next convention:

Drs. George H. Ripley, of Kenosha; W. B. Webb, of Beaver Dam; C. L. Fairbanks, of Oxford; E. W. Beebe, of Milwaukee; George E. Crosely, of Albion, and Q. O. Sutherland, of Janesville.

UNION CLINICAL SOCIETY.

The Union Clinical Medical Society met recently with Dr. C. R. Coffeen, of Piqua, O., presiding. Dr. J. W. Means, of Troy, read a very excellent paper on Pneumonitis. He raised the etiological question and propounded the query whether the diplococcus lanciolatus or simple exposure was the cause of this inflammation. Dr. Rosenberger in discussing the paper said that he obtained the best results from well-selected homœopathic remedies. Aconite in his hands produced marvelous results in acute cases that had hæmorrhages from the nose with bloody sputa and fear of death. The mental symptoms should never be forgotten. Dr. Chas. A. Hartley, of Troy, an eclectic physician and a guest of the Society, spoke of the full, bounding pulse as an indication for the administration of Veratrum viride and of the rapid small pulse indicating Aconite. While it is the consensus of mature opinion among acute observers that Veratrum viride produces a full, slow pulse and justifies eclectic practice, on the other hand the classical full, bounding pulse of Aconite found in all homœopathic Materia Medicas is not accepted by our eclectic brethren as their rule and guide in prescribing. From one to twenty drops of Norwood's tincture of Veratrum in one-half glass of water, given in teaspoonful doses every hour, was recommended. Dr. H. E. Beebe rarely goes outside of Aconite, Bryonia, Phosphorus and Sulphur in prescribing for pneumonia, but spoke favorably of Tartar emetic and Lycopodium 6x. The indications for the latter remedy are little fever, loose, rattling cough and a wing-like motion of the alæ nasi.

One member mentioned Sambucus as a remedy for the septic stage, with profuse perspiration, relaxed skin, free expectoration and suffocative attacks. Dry heat externally was generally recom-

mended, and a few physicians used Antiphlogistine plasters. After a tempting lunch and a dreamy smoke, we bade good night to our host and homeward "each took off his several ways," leaving the Piquods to slumber on the banks of the raging canal.

A. W. Reddish.

The Library.

BOOK REVIEWS.

A Text-Book of Mechano-Therapy.

(Massage and Medical Gymnastics). For Medical Students, Trained Nurses, and Medical Gymnasts. By Axel V. Grafstrom, B. Sc., M. D., Attending Physician to the Gustavus Adolphus Orphanage, Jamestown, N. Y. Second edition, revised, enlarged, and entirely reset. 12mo of 200 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.25, net.

The second edition of this useful little work has been entirely rewritten, reset, and very much enlarged. Two chapters have been added—one on Massage of the Eye, Ear, Nose and Throat, and the other on Pelvic Massage. Seventeen new illustrations have also been added. The author states that his object has been to present a work that would be useful as a text-book to students, trained nurses, and medical gymnasts, and as a reference book for the general practitioner, and in our opinion he has fully accomplished his purpose. It is certainly a practical and clear consideration of the subjects of massage and medical gymnastics, and it is with pleasure that we recommend it to our readers. The mechanical get-up is all that could be desired.

Diseases of the Nose and Throat.

By D. Braden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist and Otologist, St. Agnes' Hospital. Third edition, thoroughly revised and enlarged. Octavo volume of 669 pages, with 175 illustrations, and 6 chromo-lithographic plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $4.00,net; sheep or half morocco, $5.00, net.

In presenting to the profession the third edition of this work the general plan of the previous editions has not been materially altered. The entire book has been carefully revised and such additions have been made as were rendered necessary by recent medical progress. The most important alterations and additions have been made in the chapters on Keratosis, Epidemic Influenza, Gersunny's Paraffine Method for the correction of Nasal Deformities, and in the one on the X-rays in the treatment of Carcinoma. The etiology and treatment of Hay Fever have been partially rewritten and much enlarged, as has also the operative treatment of Deformities of the Nasal Septum. In the chapter devoted to general considerations of Mucous Membranes and Hay Fever the author records the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. The literature has been carefully reviewed, and a number of new illustrations added, thus bringing the work absolutely down to date.

Diseases of the Intestines and Peritoneum.

By Dr. Hermann Nothnagel, of Vienna. The entire volume edited, with additions, by Humphrey D. Rolleston, M. D., F. R. C. P., Physician to St. George's Hospital, London, England. Octavo volume of 1032 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $5.00, net; half morocco, $6.00, net.

This new volume in Saunders's American edition of Nothnagel's Practice is the eighth to be issued, and appearing within two months after the publication of the volume on Tuberculosis, gives evidence that the publishers intend completing the series at an early date. This, one of the most valuable volumes in the series, is by the famous clinican Dr. Hermann Nothnagel, himself, and is as exhaustive as it is practical. The distinguished editor, Dr. Humphrey D. Rolleston, of London, England, has used his pen most profusely, almost every page giving generous evidence of his careful editing. The editorial additions include sections on Intestinal Sand, Sprue, Ulcerative Colitis and Idiopathic Dilatation of the Colon. Appendicitis and Peritonitis have been given unusual space, treatment and diagnosis receiving exhaustive consideration. The section on Intussusception has been greatly enlarged by the invaluable additions of D'Arcy Power, of England, who has made this subject his own. There are 20 inserts of great merit.

Epilepsy and Its Treatment.

By William P. Spratling, M. D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Handsome octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $4.00, net.

This work by Dr. Spratling is of unusual interest for many reasons: It is the first complete treatise on Epilepsy since the appearance of Echeverria's work, published over 33 years ago, and represents the practical experience of Dr. Spratling as Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y., during a period of ten years. The great progress made in the knowledge of Epilepsy and its Treatment during the past fifteen years certainly demanded an accurate and careful work which would include these latest advancements. Dr. Spratling has given us all that could be desired. Of particular interest are the chapters on the Psychologic and Medicolegal aspects. An entire section is devoted to the all-important seizure type—Status Epilepticus, and treatment, general, educational, medical and surgical, is discussed with wisdom, thought and conservatism The subject is bountifully illuminated by the citation of illustrative cases; and, indeed, for the entire work we have nothing but praise. General practitioners, as well as those especially interested in Epilepsy, will find the book of great value.

Obstetric and Gynæcologic Nursing.

By Edward P. Davis, A. M., M. D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. 12mo volume of 402 pages, fully illustrated. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Polished Buckram, $1.75, net.

The usefulness of this book to the nursing profession is manifest by the fact that a second edition has been called for. It is necessary for an obstetric nurse to possess some knowledge of natural pregnancy and of its consequent diseases: and as gynæcologic nursing is really a branch of surgical nursing, special training and instruction are required to meet the conditions arising. This book just fills the need, everything that the obstetric and gynæcologic nurse should know being included. The second edition shows evidence of having been carefully revised throughout, and considerable new matter has been added. It would be well if every trained nurse possessed a copy of this book, for it certainly is of inestimable value.

Materia Medica for Nurses.

By Emily A. M. Stoney, Superintendent of the Training School for Nurses in the Carney Hospital, South Boston, Mass. Beautiful 12mo volume of 300 pages. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.50, net.

This little work on Materia Medica has proved of great value to the nursing profession, evidenced by the demand for a second edition. The statements are not only clear and definite, but the information given can be relied upon as being accurate. In making the revision for this new second edition, the entire text shows evidence of having been gone over with the greatest care. All the new drugs which have been shown to be of actual therapeutic value have been included, their preparations, uses, and doses being clearly and fully described. A valuable feature of the work is the Appendix, containing such practical matter as Poison-Emergencies, Dose-List, Weights and Measures, etc., as well as a Glossary of the terms used in Materia Medica. There is no doubt in our minds but that this little work is the best of its kind.

Simon's Clinical Diagnosis.

A Manual of Diagnosis by Microscopic and Chemical Methods. For students and Practitioners. By Charles E. Simon, M. D., late Assistant Resident Physician at Johns Hopkins Hospital, Baltimore. New (fifth) edition, thoroughly revised and much enlarged. Octavo, 695 pages, 150 engravings, 22 colored plates. Cloth, $4.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

Exact methods of diagnosis are of comparatively recent development, and, as they underlie all successful treatment, they should be understood and practiced by every physician. These methods are not complicated nor abstruse, and the object of this volume—an object which has been most satisfactorily attained—has always been to set forth and explain these methods and their practical application so simply that they may be readily grasped by every student and practitioner. Four large editions have already been demanded, the last of which was completely exhausted in less than two years.

Besides a careful revision, this edition embodies much new matter which has appeared in the literature of the past two years. The chapter on the blood has been almost entirely rewritten, and has been enlarged by sixty pages. Special pains have been taken with the chapter on technique. A section dealing with the nature of anilin dyes and the principles of staining has been introduced, which it is hoped will render this portion of the book more interesting to the clinical laboratory worker, and will serve as a guide to further investigation. For convenience of reference, the subject of leucocytosis has been rearranged in such manner that hyperleucocytosis and hypoleucocytosis are separately considered in connection with the different varieties of leucocytes. A new section deals with the kryoscopic examination of the blood. The bacteriology and parasitology of the blood have been enlarged, with sections on paratyphoid fever, gonococcus septicæmia, bubonic plague, trypanosomiasis, and spotted fever. Material changes and additions have furthermore been made in the chapters on the fæces, the sputum, the urine, and on transudates and exudates, and minor alterations occur throughout the book. Illustrations, including colored plates as well as engravings, have been added wherever they appeared necessary to elucidate the text, and this new edition will without doubt greatly increase the already wide usage which the volume enjoys.

Von Bergmann's Surgery.

A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin; P. von Bruns, of Tubingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five Imperial Octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, cloth, $6.00; leather, $7.00; half morocco, $8.50, net. Volume I. just ready. 936 pages, 361 engravings, 18 plates.

This system of surgery by von Bergmann, von Bruns and von Mikulicz is, without doubt, the most important work on the subject that has recently appeared. Its first edition, in the original, met with such a demand that the earlier volumes were out of print before the later ones were ready for issue. The second edition, carefully revised and brought thoroughly up to date, is the basis of the present English translation. The work has been done by Dr. William T. Bull and his collaborators with great fidelity and thoroughness. They have brought to their work, not only enthusiasm and industrious effort, but also a wide surgical experience, enabling them to add judicious references to methods of practice which have gained the preference of English and American surgeons. The number of illustrations in this translation greatly exceeds those found in the original—a feature, which, without doubt, will much enhance the value and add to the interest of the text.

The work is encyclopædic in character. Many of its chapters exceed in scope and detail special treatises which have been published on their sub-

jects. The great value of the work lies in its practical and clinical character, but there will be found an abundance of pathological data, details of original research and statistical facts, so that there can be no question of the inestimable value of these volumes to the student, the surgeon and the general practitioner. The first volume, which is now ready, covers the following subjects: Injuries and Diseases of the Skull and Its Contents; Malformations, Injuries and Diseases of the Ear; of the Face, Including Plastic Operations and the Neuralgias of the Head; of the Salivary Glands, Including Anomalies; of the Jaw; of the Nose and Its Adjacent Tissues; of the Mouth and of the Pharynx.

The other volumes of the system will follow in rapid succession.

Electro-Diagnosis and Electro-Therapeutics.

By Dr. Toby Cohn, Nerve Specialist of Berlin. Translated from the Second German Edition and edited by Francis A. Scratchley, M. D., of New York. With eight plates and thirty-nine illustrations. Cloth, 280 pages. Price, $2.00. Funk & Wagnalls Company, New York and London.

This is an authorized translation, with reproductions of the original plates, of the most popular German manual upon the kindred subjects of the diagnosis of disease and its cure by the use of electricity. Its author, Dr. Toby Cohn, of Berlin, is a practical instructor in these branches, and wrote the work to satisfy an imperative need in his classes. Dr. Mendel of the University of Berlin, the well-known authority upon Electro-diagnosis, pays the highest possible tribute to Dr. Cohn by noting the "interest and enthusiasm" of his students, and the "excellent and practical results" of his instruction.

As Dr. Cohn explains, in his preface to the first edition, the appeal of this work is to students and practising physicians who are almost wholly ignorant of the subjects of which it treats, owing to the method in which these have hitherto been presented. "Students and physicians," says Dr. Cohn, "have in general an aversion to all mathematical explanations and technical discussions with which text-books of electro-therapeutics generally begin." Therefore he begins with an object lesson, the description of a single apparatus, a stationary aparatus for galvanic and faradic currents. Having presented in the simplest and briefest fashion the physical principles, a statement of which is demanded of any discussion, the author at once introduces the reader to the subject proper, actual diagnosis. In setting forth the physiological and pathological conditions to be considered, Dr. Cohn rigidly confines himself at the start to those types that can be easily comprehended and retained by the beginner. This schematic method is gradually modified and rendered practical by the addition of those variations which will be found in regular practise.

In his discussion of electro-therapeutics, the author is less pedagogic and more advisory. It is a subject in which the student who has mastered and is practising electro-diagnosis can form his judgments for himself. Dr. Cohn not only permits but insists upon skepticism as the attitude to be assumed in such mooted questions as the curative power of the electro-therapeutic currents, whether it is purely psychological, the result of suggestion, or physiological in its nature.

The character of the work as an "object-lesson" text-book is greatly enhanced by the eight anatomical plates, with coverings of transparent paper upon which are indicated in red the points of application of the electric current. The book is thoroughly indexed.

The practical value of Dr. Cohn's work is thus briefly summarized by the editor and translator:

"It gives concisely all that is important in electro-diagnosis, and in electro-therapeutics all that is of positive value. It places electricity exactly where it belongs in a physician's armamentarium, as a curative agent. It will commend itself because of its excellent plates, its precise and very thorough explanation of the method of investigation and how to make an electriccal diagnosis, and the careful instruction it gives for the proper use of electricity as a therapeutic agent. It presents so many good features in such an admirable manner that it should readily fill in this country the same place it has filled in Germany."

Von Bergmann's Surgery.

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The American edition of von Bergmann, von Bruns and von Mikulicz's great surgery proceeds regularly and rapidly to completion. The first volume dealt with the Head, the second with the Neck, Thorax and Spinal Column, and the third, just fresh from the press, considers the surgery of the Extremities. The arrangement of the subjects in the successive volumes is evidently planned for the purpose of facilitating consulation.

It is significant of the development of surgical knowledge and skill throughout America that the highest literary product of European surgery should be so warmly welcomed here. Even at this early date the demand for the work exceeds expectations. As each country has its special conditions and preferences as to operations, the translators, themselves skilled surgeons, under the general editorship of Prof. William T. Bull, of New York, have added whatever is necessary to make the work representative of American practice, so that readers may feel assured of possessing the latest and fullest surgical knowledge of the two continents. Modern progress is so rapid, and withal so solidly founded, that it behooves every surgeon, and likewise physicians who have even occasional surgery to perform, to add this library of surgical information to their shelves.

The third volume exceeds even its two predecessors in wealth of engravings and colored plates.

The other volumes of the System will follow in rapid succession.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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AUGUST 1, 1904.

Editorial.

WHAT THEY DID THERE.

The sixtieth annual session of the American Institute of Homœopathy is over, and has become history, and we feel impelled to pass in review, not what was said, but what was done at this session. We believe that the most important measure that came before the Institute was one that has been in the air for a number of years. One that doubtless, ere this, would have materialized had the Hahnemann monument been out of the way. We have the monument. We are proud of it, it is beautifully placed in our national capital, and at this session provision was made for its maintenance in proper repair.

Now we come to the more important, and the more beneficial measure for our cause. Namely, the establishment of an institute for the proving of drugs. The progress made to this end at Niagara Falls cannot be but gratifying to all lovers of our cause. Instead of talking about the necessities of reproving, revision, winnowing of the chaff from our materia medica, etc., etc., something was actually done. The committee appointed at the previous session reported, and made certain recommendations which were adopted by the Institute, and we now have a Board of Trustees of the Institute for Drug Proving, duly organized, ready for work, with plenty of work on hand to do. Not only this, a beginning has been made to secure financial means to carry on the work. Nearly $1,200 was subscribed at the meeting, and now it is necessary that every homœopathic society, club, college, journal and physician in the land become actively interested in securing a fund to carry on this great and glorious work.

The societies throughout the land should provide for a certain sum annually to be devoted to this Institute, and physicians should secure donations from their wealthy patients. By a persistent and combined effort the dream of an Institute for Drug Proving will be very soon realized. The Medical Century stands ready to receive donations from its subscribers, no matter how large or small, and will pass them over to the treasurer of the Board of Trustees. That the majority of our readers are not members of the Institute should not deter, but rather encourage subscriptions, for while this movement is under the auspices of our national organization, it is universal in its power for the good of Homœopathy.

Another thing that was done at Niagara was the making as a requisite for membership in the American Institute membership in the State Society in the State wherein the applicant resides, if there be one. There may be some question as to the wisdom of this measure. It is not every physician who can find time or spare the expense to attend both the State Society and the Institute. Nearly all members of the Institute are members of their respective State Societies, but the State Societies have a much larger combined membership than the Institute. Whether this move on the part of the Institute will have any special effect to increase its own membership or that of the State societies remains to be seen. It is a fact, however, that if the 80 per cent. of the homœopathic physicians of the country who are not members of the American Institute would join it and work with it we would have an organization proportionately equal in strength to any in the world.

The O. O. and L. Society did not join the sectional societies of the Institute at this session, though their program was printed in the general Institute circular. They, however, placed themselves on record as desiring to join, and appointed a Conference Committee to confer with the Institute authorities, and thus bring about a union. There are many in this society who are not yet members of the Institute, perhaps some fifty, the bringing of these into the Institute should entitle the society to the best consideration of the Institute. We must have these branches recognized, and how so well as by the O. O. and L. Society.

The papers read before all the bureaus and sectional societies were of the highest order, and especially those before the bureaus of Materia Medica and Homœopathics, which evidences that these topics are always uppermost in the minds of all true Homœopathic physicians.

Many other things were done in Niagara Falls, and many things were said, but as the immortal Lincoln remarked, "the world will little note nor long remember" what was said here, but when the Institute of Drug Proving is established, "It can never forget what we did here."

A LITTLE MORE LOYALTY.

The Intercollegiate Committee of the American Institute in their report to that body mentioned "a small grievance, because some prominent homœopathic physicians, yes, and members of the Institute, send their sons and daughters, their students, to old school colleges."

This is surely a grievance, and should not exist so long as our colleges are equal to those of any school of medicine, and we know them to be so. Look at the college exhibits as they were shown at Niagara Falls, and at Boston, and no one would ever dare maintain that our teaching in any branch of medicine is inferior to that of any allopathic college. A homœopathic physician, who has attained distinction because of the success his Homœopathy has brought him, should feel a sufficient pride in the institutions of his school colleges, hospitals, periodicals, sanatoria, etc., to give them his warmest support at all times, and in all ways. If a physician believes our colleges are inferior let him show wherein and how they can be improved, and he will be given a respectful audience. If our journals do not suit him, let him step up and furnish his own quota of good articles. If our hospitals are poorly run let him help to run them himself, and not desert the battlefield. Let him remember that our school has the talent, and that he is one of us.

Right here is another field for good loyal work. Our large summer resorts are fairly well supplied with homœopathic physicians, yet homœopathic physicians allow their families to visit these resorts annually without taking the trouble to seek out the name of the nearest homœopathic physician and give it to their patients. We know of families that have been lost to Homœopathy by this neglect. We know of a large summer resort with a most excellent homœopathic physician within hailing distance of the hotel, and yet a patient who inquired for a homœopathic physician of the hotel clerk was informed that there was none in the place, and that the physician of the hotel was Dr. ——, an allopath, but "just as good." A little more loyalty on the part of our physicians would help our cause, save patients, and make life more pleasant for many of our health and summer resort physicians. We have often said that a complete directory of homœopathic physicians was greatly needed. We hope to see one published at no far distant day. Reily's, of Missouri, is a good one to pattern after.

EDITORIAL BREVITIES.

Whiskey the Universal Tonic.

The Massachusetts State Board Analyst, in a published document, gives the percentage of alcohol in various patent medicines. It is a surprising list when we consider that our prohibition friends would hold up horrorful hands when they see a glass of beer or wine drunk, and yet would take such patent medicines as a certain well-known stomach bitters, or a "purely vegetable tonic," or some "concentrated bitters," a teaspoonful of anyone of which contains more alcohol than a dozen glasses of beer, we feel that it is time the facts were given universal publicity. Out of a list of 35 proprietary medicines, the one containing the least alcohol contains 12 per cent. of that article. This is a higher percentage than is contained in any malt beverage, and most wines.

A certain "Stomach Bitters" and "Concentrated Sherry Wine Bitters" contain according to the above mentioned document a higher percentage of alcohol than either brandy or whiskey. A glass of another is more intoxicating than Mumm's Extra Dry. A Scotch high ball is not a circumstance to a tablespoon of a "Purely Vegetable Tonic," and one "Celery Compound" will beat any wine in existence in its alcoholic ingredients. It is no wonder that our Nux bottle is called into requisition in most new cases that come to our hands, especially in those of temperate habits—alleged—and who have exhausted their systems and purses self-doctoring with patent medicines. We would advise our readers to procure document Number 34 of the Massachusetts State Board of Health.

Editor's Table.

GENERAL NOTES.

Dr. T. L. Jones has been appointed City Physician of Salida, Colorado.

Dr. C. E. Mulder has removed from Spring Lake, Mich., to New Era, Mich.

Dr. E. R. Ellis, a well known homœopathic physician of Detroit, has put forth a new theory regarding the causes of the tides.

La Revue Homœopathique Francaise reproduces parts of the Medical Century prize essays.

Dr. A. H. Schott succeeds Dr. J. A. Campbell as President of the Board of Trustees of the Missouri Homœopathic College.

Dr. Lorenzo B. Grosvenor has removed his office to suite 803 Venetian building, 34 Washington St., Chicago, Ill.

Dr. W. A. Dewey, the editor of the Century, is spending the summer months at his ancestral home, Middlebury, Vermont.

Some wholesale chemists of Philadelphia have formed a company to obtain 50,000 bee stings to make into a serum for the cure of rheumatism. Better study Apis mellifica and know when to use it.

The New England Medical Gazette, which, by the way, has been greatly improved of late in dress and appearance as well as in contents, prints President Sutherland's excellent address in its July issue.

Dr. G. R. Bissell, of Columbus, Ohio, called at the offices of the Medical Century last month. The doctor has been a subscriber ever since the first issue of the Century.

No one was more missed at the Institute meeting at Niagara than the late Dr. T. Y. Kinne. He was

mised in the hotel lobbies, and, above all, he was missed on the floor of the Institute during its business sessions. It is safe to say that there was no one present who did not think of him.

Dr. J. E. Rowland has removed from Cleveland to Oberlin, Ohio. Dr. Rowland was formerly professor of Materia Medica in our Cleveland College.

Hutchinson, Stearns, Coleman, and Rabe made a big four in the Bureau of Homœopathy, and their papers were of the highest interest and value. Chairman Nash was doubtless inspired in his selection of this inspiring quartette.

W. Eck Doran, M. D., of the class of 1904, Homœopathic Department, University of Michigan, was married on July 1st, at his home in Colon, Michigan, where he has opened an office.

Dr. E. H. Pratt's eighteenth annual course of instruction in orificial surgery will be held at the Chicago Homœopathic Medical College, commencing September 5, 1904. See announcement in Publisher's Department.

Dr. Virgil L. Weir, of the class of 1904, Homœopathic Department, University of Michigan, has received the appointment of house physician at the Toledo General Hospital. This hospital is under homœopathic management.

Neither the potency nor the "hayseed" question, was settled at Niagara Falls. No limitations were placed upon either. We heard one physician remark that he was proud to belong to the "hayseed" brigade, preferred it even to being a teacher in a college.

Dr. Louise Martha Sturtevant, of the Boston University School of Medicine, attained the highest average in a class of forty-three candidates for the New Jersey State Medical licensure on July 5th. Twenty medical colleges were represented. Who says our schools are not equal to the best?

The Maryland State Homœopathic Society held a successful meeting in May at the College in Baltimore. The officers elected for the coming year are: Eldridge C. Price, M. D., Baltimore, President, and B. C. Catlin, M. D., of Baltimore, Secretary.

The proposed amendment to the Constitution of the American Institute of Homœopathy that the Transactions be issued "in such form as the Institute directs," is a step toward the issuance of an official journal of the Institute. This will doubtless be carried at Chicago, and the periodical launched. While we do not believe that such a movement would prove a success, we should not oppose it. We pity a journal, however, that depends upon twenty per cent. of the homœopathic profession for its support, even if all these are compelled to take and pay for it.

We noticed an old face in an old position at the business sessions of the last Institute meeting. Dr. Frank Kraft, of Cleveland and the United States, was at the Recording Secretary's desk, and reported the business of the sessions. A game finger on his good reporting right hand and some of the talk he had to report made him busy and perhaps tired.

We commend to our readers the address of President Carpenter before the Ohio State Homœopathic Society, published in this issue of the Medical Century. It contains many sound maxims on the duties of physicians of the homœopathic school, especially with reference to organization and our general needs. A careful reading of this excellent address will repay anyone.

We have received many kind words from our eclectic friends on the excellence of the Medical Century. The true eclectic physician must of necessity take one good homœopathic periodical, and if only one, why not the best. The Medical Century had in 1903 fifty per cent. more contributors to its pages than any other homœopathic periodical, and eclectic physicians who wish to have the best of homœopathic thought should lose no time but send in a subscription at once. Our eclectic list is a large one and we are proud of it.

The Chironian for July has some kind words to say about the Medical Century prize essays, and prints in its pages one of the excellent articles submitted in the competition. The new prize contest should bring forth a large number of strong essays.

The homœopathic hospitals in Melbourne, Australia, and Hobart, Tasmania, are in a most flourishing condition and doing excellent work for the cause of Homœopathy in far-off lands.

A double wedding was celebrated in Ann Arbor, Michigan, on June 28th. Dr. George P. Winchell, of the class of 1904, homœopathic department of the University of Michigan, and Dr. Arthur H. Norton, of the same class, were the grooms, and Miss M. L. Norton and Miss M. L. Schmittker were the respective brides. The Medical Century extends congratulations and well wishes. Dr. Winchell locates in Holland, Michigan, and Dr. Norton in Quincy, Michigan.

Our Cleveland College contemporary reviews editorially the second essay in our prize contest. The review is an excellent one, and Dr. Baldwin, the writer, should feel gratified at the kind words of the reviewer. The essays have attracted the widest attention all over the homœopathic world, and doubtless will be productive of much good. We urge every one who has any ideas to write for the prizes announced in our last issue. The dissemination of Homœopathy will be greatly furthered by these essays. It will help the colleges, it will help the individual physicians, and, above all, it will help the cause.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Edgar J. George spent a week this past month in Kentucky looking after business interests and spending a part of his vacation. He has large interests in the oil fields in that State.

Dr. Burton Haseltine spent his vacation in St. Louis, attending the World's Fair, and at other points in Missouri visiting relatives.

Dr. Gilbert Fitz-Patrick has returned to this city after spending his vacation in Niagara Falls, Buffalo and other Eastern cities, and will be in his office regularly except on Saturdays, during the remainder of the summer.

Dr. N. B. Delamater attended the meeting of the American Institute of Homœopathy at Niagara Falls.

Dr. W. E. Boynton, accompanied by his wife and baby, is spending his vacation in Manchester, Iowa, where his parents reside. He expects to return to the city in August.

Dr. W. M. Stearns spent July at Ludington, Mich. During his absence his office in the Marshall Field building was redecorated and repaired so that now he has one of the most beautiful offices in Chicago.

Dr. Edgar G. Davis has gone to Wisconsin, and will spend most of the summer there.

Dr. Walter E. Fruit and family spent part of July in St. Louis visiting friends and attending the Exposition. During his absence from the city Dr. Roach took care of his practice.

Dr. Espy Smith, who has been away for about two months on his vacation, has returned to the city. Dr. Clarke Sullivan who is interne in the Chicago Homœopathic Hospital, was in charge of his practice.

Dr. Edwin Williams, who has been in Europe for some time, has returned to Chicago, and has resumed his practice.

Dr. W. B. Blouke spent his vacation at Star Lake, Wis. The doctor reports that fishing was good, and he made some excellent catches.

Dr. Charles Williams is spending the summer in Michigan.

The marriage of Miss Helen Morley, of Grand Rapids, Mich., to Dr. Arthur Midgeley, of this city, occurred recently. The doctor has decided to leave Chicago, and has located in Colorado. Chicago loses an excellent young man, and Colorado is to be congratulated on having Dr. Midgelev added to its ranks. Mrs. Midgeley is a charming young lady who only lacked a year of completing her medical course in the Chicago Homœopathic Medical College. The best wishes of their many friends will go with them in their new life and location.

Already the physicians of Chicago are making plans for the entertainment of the American Institute next year. The profession will gladly welcome it here, and will do all in their power to make it one of the most successful meetings ever held.

Dr. Edward Streeter has resigned his position as Lecturer on Pathology at the Chicago Homœopathic Medical College, to accept a similar position at Hahnemann at an increased salary.

Dr. Caroline Dewey Beebe, of Denver, Colo., is in the city for an extended visit. The doctor has been very seriously ill, and comes here with the hope that the change of climate may benefit her health.

Dr. F. E. Sutherland, who has been on the staff of the Chicago Homœopathic Hospital as resident physician and surgeon, will complete his service in a couple of weeks, and will then locate at Janesville, Wis., in partnership with his father.

Dr. A. M. West has opened an office in Lawndale, one of Chicago's pretty suburbs, and is doing very well.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The following Washingtonians attended the meeting of the American Institute of Homœopathy: Dr. J. B. G. Custis, Dr. L. B. Swormstedt, Dr. C. B. Gilbert, Dr. George E. Lewis, and Dr. W. R. King.

Dr. H. H. Hawxhurst is spending his vacation in Massachusetts.

Dr. T. L. Macdonald and Mrs. Macdonald have taken a cottage at Seal Harbor, Me., for the summer.

Dr. W. R. Buchanan recently spent a few days in Philadelphia.

The Clinical Club held the last meeting of the season at the home of Dr. Lewis, Rockville, Md., June 13th. A number of interesting cases were reported, and while the meeting was small, it was considered a very valuable one.

Dr. W. F. Corey, who had been an invalid for the past two years, died rather suddenly on June 16th. He had not been in active practice for several years. His funeral was under the care of the Medical Society and the G. A. R. After impressive ceremonies at the house, the remains were borne to a resting place among his G. A. R. comrades in Arlington Cemetery.

CENTRAL IOWA HOMŒOPATHIC MEDICAL ASSOCIATION.

The Twenty-sixth Annual meeting of the Central Iowa Homœopathic Medical Association held in Cedar Rapids on July 13th, in the club room of the Delevan Hotel, was one of the most successful which the Association has had. The address of the President, Dr. W. L. Bywater, of the Homœopathic Medical Department of the State University, was one that met with the unqualified approval of the physicians assembled. After the delivering of the address the committee prepared the following report: "Your committee wish to report that the address of the President expresses the sentiment of this Society, and we would suggest that it be furnished the papers of Cedar Rapids for publication."

The following are a few extracts from this excellent address, which was published in full in the Cedar Rapids Daily Republican:

Fellow Doctors: Prosperity is often a dangerous thing. This is true in medicine as well as in the commercial world. When we are prosperous it is an easy matter to be lulled into a satisfied state of mind, and we are lost to ourselves for the time being. Lucky is the man who is aroused to the true situation before it is too late.

This is exactly the condition in which the physicians of our school of medicine have been for the past few years. Perfectly satisfied with their own surroundings, they listened to that sweet voiced siren which was chanting their destruction.

It was a deliberate, premeditated and organized attack for the sole purpose of absorbing us. Pleasant words were spoken, courtesies shown and invitations extended that had no other object in view than that of losing us within the great body of physicians. We were told that our mission was

ended, if we ever had one; that we had accomplished all for which we had fought, and that we should renounce all and forget that there ever was a system of medicine called Homœopathy.

It was sudden and for a time we nearly lost our equilibrium. We hesitated, took our bearings and then set sail, and today the mists are clearing and we are coming out on a broader field. As a result of it all, we are going to be stronger and more aggressive than ever before.

Are the two schools coming together? Possibly in one particular, and that is in the size of the dose. The old school has been gradually but steadily cutting down the amount of medicine given. You may ask who has been responsible for this reduction. I doubt not that Homœopathy has done much in an indirect way to bring it about, but the mere fact that the old school physician has lost confidence in the efficacy of his drugs has no doubt done more. Do you think that you would administer a very large amount of poison if you believed that no benefit to your patient would result therefrom, or on the other hand, you only added more poison to that already in the body. I think not, so I am persuaded that skepticism has had more to do with the reduction of the dose in old school practice than has the influence of Homœopathy.

But supposing the size of the dose of the two schools is coming together. Does that mean that the two schools of medicine are on the verge of uniting? Not by any means. The two doses may be identical in size and still the schools be as far apart as the east is from the west.

The man who prescribes five drops of the tincture, if it is indicated, and does it homœopathically, is just as good a Homœopath as the man who gives the c. m.

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No, before there can be any union of forces, the dominant school must throw off its skepticism and recognize the efficiency of drugs in pathological conditions, and accept our law of cure in its entirety, without the slightest attempt of modification.

Need of More Students.

Is our mission ended? Certainly not. We are in the grandest period of our existence. Our fathers and grandfathers were ridiculed and sneered at. They were compelled to fight and overcome all kinds of opposition. Here we are living at a time when our physicians, as a class, have the respect and confidence of the best people in the community. Their patients are often the best educated and the best provided with this world's goods. One old school doctor of Chicago recently remarked that he hated to admit it but the homœopathic physicians of this city were ringing the silver door-bells. There must be others to ring those bells after you have given up active practice. There must be homœopathic physicians provided for the localities where there are none today. Are you doing your part towards seeing that some young man or young woman shall be ready to take up the work where you lay it down? There are hundreds of localities all over this fair State of ours where they are anxious for a homœopathic physician to locate. While I am penning these lines a postal card is handed me informing me of three good localities in southwestern Iowa. Whom shall I send? Whom shall I send in response to the requests that come in nearly every week? This is our golden opportunity and we should bestir ourselves and get young people interested in Homœopathy. We have plenty of room for all who wish to enter. In fact, ours is the only profession not overcrowded today. You may take any one of the others, old school medicine, dentistry, law or any that you may choose, and you will find it to be full. The young men and young women enter by crowding some one else out. Why should they not be told of the excellent opportunities in homœopathic medicine?

With twenty-one colleges scattered from the Atlantic to the Pacific, we should have enough physicians graduated each year to meet all requests, besides to keep well-filled the ranks made vacant by natural causes. And this can be accomplished if every practicing homœopathic physician will make an effort to induce at least one person to make a careful investigation into the merits of Homœopathy. If this were done, it would be but a few years until there would be a revelation of what Hahnemann only dreamed of, namely, the universal acceptance of the law of similars by all schools of medicine. It would then be a case of absorbing instead of being absorbed.

At the meeting a very flattering report was made by the director of the Homœopathic Hospital and of the State University of Iowa. During the past year 593 patients were treated, which was fully a twenty-five per cent. increase over the previous year. In fact, the year was the best in the history of the hospital. No hospital in the country connected with a college can show as many patients per students as does this one. During the year there were seven deaths in the hospital, or a little more than one per cent. This is a phenomenal record.

Next Meeting at Iowa City.

It was decided to hold the next meeting at Iowa City on account of the clinics, and in order that the students might take advantage of the discussions carried on. Officers for the coming year were elected as follows:

President, Dr. D. E. Tiffany, of Cedar Rapids.

Vice-President, Dr. Gray, of Anamosa.

Secretary, Dr. C. H. Cogswell, Jr., of Cedar Rapids, re-elected.

Treasurer, Dr. N. S. Hubbel, of Cedar Rapids.

Homeseekers' Excursions.

The Missouri Pacific Railway and Iron Mountain Route will sell excursion tickets to points in Arkansas, Texas, Louisiana, Oklomoma, Indian Territory, and Kansas, at rate of one fare plus $2.00 for the round trip, tickets on sale first and third Tuesday of each month. Tickets good for stop-overs.

The above lines reach the great farm, timber and mineral products of the Southwest and West without change. Free literature on application.

For rates and other information call on or address Ellis Fransworth, D. P. A., 111 Adams St., Chicago, Ill.

WOMAN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.

In October, 1882, the organization before known as the Women's Auxiliary Board of the Homœopathic Hospital of Philadelphia, impressed by the evils necessarily existing in college and hospital, dissolved its connection with that institution, and resolved to form an association for humanitarian and homœopathic purposes, looking ultimately to the establishing and maintaining a hospital devoted to these objects for women and children.

These women were seventeen in number, and they had less than ($150.00) one hundred and fifty dollars with which to start their work. Other women were asked to join them, and the first meeting for organization was held January 11, 1883. In the meantime a charter had been applied for, and a constitution and by-laws drafted.

An executive board of twenty-four women was chosen, and a circular, "Our City's Great Need," was sent broadcast throughout the city and vicinity, stating the object of the association, asking sympathy, co-operation and financial aid, and inviting all women to become members of the association on payment of not less than one dollar annually. A successful fair was soon held, and encouraged by the sympathy of friends a house was looked for in which to start a hospital in a small way. Then came forward Mr. Charles D. Reed with his generous offer to buy a lot on which to start as soon as possible a suitable hospital building.

In June, 1883, the lot now occupied was secured, and then two small houses in the immediate neighborhood were rented at a merely nominal rent, from another good friend, Miss Mary Jeanes. After her death these houses were given to the association by the executors of her estate. March 12, 1884, a hospital of twelve (12) beds was opened in these small houses, maternity in one and medical department in the other, the only connection between them being in the cellar.

Ground was broken for the new building July 17, 1884. The work upon it was thoroughly done and slowly, as it only progressed as it could be paid for, so not until October, 1887, was the building ready for occupancy.

The houses heretofore used were renovated, still further connection made between them, and both used for the maternity department. But the maternity work could not long be carried on in such small quarters, and in July, 1889, a maternity pavilion was started, and on May 16, 1890, the patients were transferred to this from the small houses. It was expected that the small houses would be used for nurses' quarters, but the income from them was needed so they were disconnected, put in perfect order and rented to private families.

On November, 1890, the erection of an isolated ward was begun to receive such contagious diseases as might appear in the hospital, or that would be allowed by the Board of Health to be received in any private hospital.

The funds for the building of this pavilion were largely furnished by the friends of the late Dr. Adolph Lippe, and the building is named for him. The main building is called the Hering, for Dr. Constantine Hering, and the maternity building the Sargent, for Dr. Rufus Sargent.

There are several life and permanent free beds in the hospital. The free ward and those for partially free patients contain but four beds each, and the rooms for private patients are most comfortably and hygienically furnished. In building and furnishing the executive board endeavored at every point to consider first the patient, and the latest and most approved methods of heating, ventilating and furnishing have been adopted throughout.

A history of this hospital would be incomplete without some slight allusion to the difficulties with which the women having its interests so strongly at heart have had to contend.

To maintain pure Homœopathy in its strict integrity, to hold fast to the temperance principles they pledged themselves to maintain, and to keep the hospital in the interest of the patients first, and physicians second, have all caused long, wearing and nearly disheartening struggles, but right has prevailed.

The association now owns the lot 180 by 530 feet, bounded by Susquehanna, Dauphin, Twentieth and Uber streets, on which stand three substantial buildings adapted according to the best known methods to hospital uses. First, a large building with accommodation for over forty patients, containing also rooms for dispensary, general offices, committee rooms and homes for the physicians, with a semi-detached building for kitchen, laundry, boiler room and servants' quarters. A maternity pavilion with beds for twenty-two patients, and an isolated pavilion with beds for fourteen patients.

The dispensary has daily clinics for the different branches of medicine and surgery, for men as well as women and children.

A nurse training school is connected with the hospital doing most excellent work, and from which go forth every year several young women thoroughly equipped for their profession.

Recently a small house directly back of the hospital grounds has been purchased, and is in use for a nurses' home.

There is ample space yet on the lot for a men's ward, children's ward, a surgical pavilion and a maternity annex, all of which we hope will sometime be built.

The success of this work has been marvelous, and with so good an equipment, all that is needed to carry on the work in the best manner possible is substantial financial assistance.

The State has aided the institution, but the appropriations for maintenance have been far from generous. The last Legislature gave to the Women's Homœopathic Association less in proportion to the amount asked for and specified as actually needed than to any other institution assisted.

Although primarily established for women and children, there is nothing in the charter to prevent the reception of men in the hospital. While there is no room for medical cases, two wards have been set aside for accident and emergency cases of men, and these are generally full to overflowing. One afternoon last summer thirty-two (32) men were received from one terrible accident which occurred at the Base Ball Park.

OBITUARY.

Dr. Mary E. Partridge, of Bennington, Vt., was drowned in Lake Champlain, near Burlington, on June 29th. She was a graduate of the New York Medical College and Hospital for Women, in the class of 1884.

THE SAVING OF A HAND.

A patient with a serious infection of the hand, spreading up the arm, applied to his physician (Homœopath) for treatment. He was given some local treatment, but soon advised that amputation was necessary, and for this purpose he sent him to a prominent surgeon of one of our State institutions. All hope had been abandoned by the patient of saving the hand. "I would not take your hand off for a thousand dollars," said the surgeon. "It is a medical case. Your diseased hand will be as well as the other within three months if properly treated." He gave him a few powders of Silicea, and true to his prognosis in due time no sign of the disease remained.

That many such cases are on record we have abundant proof, and it is almost criminal to subject a patient to operation from which he is maimed for life when the proper remedy has not first been administered. The trouble is not all with our allopathic brethren. Of the two we are to be the more criticized, for more is expected of us. They are sincere and no doubt go to the limit of their teaching, and we ought to go to the limit of our if we expect to do all for our patients that science and skill can do.

John M. Fulton, M. D.,
Audubon, Ia.

Neurotic Conditions in Women.

Prof. Chas. J. Vaughan, Chair of Gynæcology, Atlanta College of Physicians and Surgeons, writes: "Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common, and are always peculiarly rebellious to treatment. Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. I have found nothing so well suited to these cases as Antikamnia Tablets, administered in doses of from one to three tablets and repeated every one, two or three hours, according to the attendant's judgment. These tablets afford complete relief without fostering a drug habit, and their exhibition is attended with no unpleasant after-effects. For the relief of painful menstruation there is no combination of remedies so generally successful as Antikamnia and Codeine Tablets. Their sedative, analgesic and anodyne properties especially commend them in the neuralgic and congestive forms of this distressing affection."

Dying Man Plans His Funeral—Terms for Special Trains Arranged Before End Comes.

"There are plenty of men who 'take time by the forelock,' but for coolly grabbing death by the top-knot I think our agent at one of our principal stations is without a rival," said George J. Charlton, general passenger agent of the Chicago and Alton, yesterday. "A few days ago I received from him this letter," continued Mr. Charlton, producing the following:

Geo. J. Charlton, G. P. A.—Dear Sir: Mr. ——, one of our most prominent and wealthy citizens, is lying at the point of death. His funeral will be at 2 P. M. Will advise later as to date. A great many from Wenona, Washburn and Varna will want to attend the funeral. It is his wish that a train be run from Varna, immediately on arrival of No. 53 at Varna, and that No. 206 be held until 4 P. M. What will you require for the service? In case the funeral is held on Sunday, he wants a train ready at Varna to connect with No. 53—after the funeral the special to run back to Wenona. Please advise me fully. Of course, passengers are expected to purchase tickets and family will put up the difference, if any.

Yours truly, —— Agent.

"The man did die, and all the arrangements so carefully planned with our agent were carried out," said Mr. Charlton.

Coca in Diseases of Throat and Nose.

Dr. Fauvel (of Paris), Dr. Louis Elsberg, Dr. Lennox-Browne, Dr. Morell MacKenzie, together with a host of American laryngologists, have advocated Coca, particularly specified as Vin Mariani, as a unique and important remedy in the treatment of diseases of the respiratory tract. It not only acts through its local influence as a sedative, but it is at the same time a tonic to the general system. In a beginning coryza, bronchitis or sore throat it should be taken in full dose as a hot grog at bedtime. When a liquid food is indicated, there can be no better reconstructive than a wineglassful of Vin Mariani every three hours during the day. It is an unfailing adjuvant to all known remedies.—The Coca Leaf, November, 1902.

Bruises, sprains and abrasions consequent upon tennis, bolf, mountain climbing and other out-door sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison ivy, poison oak, and the various venomous insects with their characteristic weapons of offense. In all these cases the physician's first thought should be Antiphlogistine. It reduces inflammation of all sorts and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

Brainfag from worry, overwork or excesses of various kinds is quickly relieved by the use of Celerina in teaspoonful doses three times a day.

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Homoeopathics.

IN DEFENCE OF THE ATTENUATED DRUG.

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

"GRANTED THE REMEDIAL POWER OF A DRUG ATTENUATED BEYOND ITS DEMONSTRABLE DIVISIBILITY OF DRUG-MATTER, WHEREIN AND WHY IS THE REMEDIAL ACTION OF SUCH ATTENUATED DRUG SUPERIOR OR MORE EFFECTIVE THAN THE ACTION OF A DRUG ATTENUATED, BUT NOT BEYOND THIS DEGREE?"*

In the discussion of this subject, I shall assume that the language of the title referring to attenuation, "beyond demonstrable divisibility of drug matter," applies to the possibility of such demonstration by physical and chemical means understood and practiced up to about 1890. The modern methods, particularly the electro-chemical methods, have made it possible to discover drug matter in such dilution as heretofore carried the attenuation beyond demonstrability. It is not unreasonable to suppose the future may reveal other methods which will detect drug-matter in attenuation beyond the point where all physical evidences now fail to reveal its presence. At the outset, I must confess that such attenuation as actually removes the physical presence of the drug does not appeal to me as capable of having any possible remedial effect. I am not prepared to say whether the actual presence ceases at the thirtieth, the two hundreth, the five hundred thousandth, the millionth potency, or at a point more remote. Of the value of such dilutions, clinical testimony alone is in evidence, and, at best, that is more or less unreliable. Future generations, possessing more exact knowledge, will know more of this. I do believe, however, that drugs attenuated far beyond the demonstrable divisibility of fifteen years ago have an action, which I hope to prove is more effective than the action of drugs prescribed in more concentrated form.

In order to discuss this question with any degree of intelligence, we must establish some cardinal propositions. Some conclusions may thus be reached which are true or not according to the reliability of the original statements. These propositions place the whole theory of disease and therapeutics upon a chemical foundation.

To the Homœopathist, there is a measure of satisfaction in the prevalent trend of thought in the dominant school, and in the scientific world at large. The work of Ehrlich, of Arrhenius, of Ostwald, and of others, has caused us to read Hahnemann's views with renewed interest. Through Hufeland's Journal, in 1796, Hahnemann promulgated a new principle for ascertaining the curative power of drugs. In this essay, he considered the prevalent theories of his time as they related to the subject. He demonstrated their worthlessness, first, by overthrowing that one which proposed to determine the medicinal power of a drug by mixing it with newly drawn blood to see the effect upon the color and consistency of the fluid. Then he disposed of the attempt to classify remedies by the color of the plants, the odor of their flowers, and the taste of their juices. He disproved the doctrine of botanical affinity, by which plants of the same family were supposed to have practically the same drug action. Of the medical profession, who, previous to his time, "almost unanimously denied all value to chemistry in the search for the medical power of drugs, and the discovery of remedial agents for the diseases to which humanity is liable," Hahnemann in the Lesser Writings said: "In this, they probably went too far. Although I am far from conceding to the chemical art a universal influence on the Materia Medica, I cannot refrain from alluding to some notable discoveries in this respect which we have to thank it for, and to what it may hereafter effect for therapeutics."*

We have, then, most illustrious precedent in looking to chemistry for help in solving the great problem of therapeutics. With this introduction we will at once proceed to state our propositions, and, later, attempt to prove them.

Propositions Stated.

1st. The cell is the morphological unit of life.

2d. The chief manifestation of cell activity is its power of metabolism, and all its activities are brought about, or are accompanied by definite chemical changes.

3d. Cells possess selective affinities for certain chemicals or chemical reactions.

4th. The body possesses natural protective forces, largely chemical, especially resident in the blood.

5th. Disease is a disturbance of the chemical equi-

*Under this title, in a symposium on "potency," the following thesis was presented at the Niagara Falls meeting of the American Institute of Homœopathy, June 23, 1904. Since its reading the paper has been revised and the bibliography completed.

*Lesser Writings, p. 250.

librium of the cell, resulting in an interference with its power of metabolism.

6th. A remedy is anything which, by its action upon a diseased cell, causes it to resume a condition of equilibrium.

7th. A drug is a remedy which is effective by reason of its chemical action, and not by reason of any mystical "force" or other intangible quality.

8th. Substances are more active chemically the finer they are divided.

9th. The remedy should be given with such accuracy of selection and dose and in such form as to aid the distrubed cell, without interfering with the protective forces of the body, or impairing the functions of other cells.

10th. The attenuated drug, without interference with the normal cells or body fluids, offers the remedy in a form ready for instant appropriation by the disturbed cell, and, hence, in the cure of disease, is more effective than any other possible practice.

The Cell and Its Functions.

Before taking up a discussion which of necessity touches the structures of the body and intimately relates to the ultimate elements of that organization, a brief review of the cell and its functions may not be amiss.

The cell is the morphological unit of life. We arrive at this conclusion from the fact that in the definite structure which we term a cell are seen all the general manifestations of life, and, as yet, science has been unable to find any simpler structure which shows activity.

The sizes of various cells differ greatly, but, with the largest one, we are dealing with a microscopical object. When one begins to estimate the size of a cell and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy-five to one hundred cubic microns. The micron measuring about the twenty-five thousandths of an inch, it is estimated that a cubic inch of liver contains about 156,000 million cells. Accepting Gautier's estimate that the white of egg molecule contains five or six thousand atoms and that the liver cell is four thousand times the diameter assumed for the albumen molecule, the number of living units in a single microscope liver cell must be placed at above 64,000 millions, and the total number of atoms at around 300 million millions.

It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form.

Cell Metabolism.

The manifestations of cell activity are for the most part concerned in its metabolism. On the one hand, we notice anabolism, the building up and storing of material concerned in the maintenance of the cell, or, as we usually term it, the supplying of waste. This is a synthetic process, and while we do not as yet understand the exact changes going on in the cell, we are, in a number of instances, able to follow this process as carried out by groups of cells. For example, the liver cells take up the sugar from the portal blood and synthesize it into higher saccharides, glycogen, or animal starch. On the other hand, there is katabolism which has to do with the breaking down of the cell protoplasm into simpler chemical compounds; thus, the active muscle forms from the glycogen lactic acid and carbon dioxide. Carbon dioxide is a constant product of the process. It is interesting to observe that it is possible to measure the extent of the katabolism by the amount of carbon dioxide formed.

We note that these evidences of activity are accompanied by definite chemical changes. There can be no change from potential to kinetic energy without a chemical change of some sort. Whether we can ascribe the cause of activity of a cell to chemical change, or the chemical change to be a result of the cell activity, is a question which is, as yet, an open one. But it is certain that activity and chemical changes are inseparable, and under normal conditions, these changes are definite and constant. Even in such highly specialized organs as are nerve cells, where there is no known product from their metabolism, such as that from the liver cells, we have an absolute proof, in the change of electro-potential, that an active nerve cell is involved in chemical change. We are almost ready to state postitively that nerve function, even, is caused by a chemical decomposition within the cell.

The normal cell has going on simultaneously the processes of katabolism and anabolism, and under the condition which we know as health, these processes are equalized, waste is at once replaced and a balance is maintained. Inasmuch, then, as the process of metabolism is a chemical one, we can think of the normal cell as being one in a state of chemical equilibrium.

Selective Affinity of Cells.

The pharmacologist has abandoned the idea that drugs have an "elective affinity" for certain parts of the body, and, in common with all scientific thinkers, now holds to the belief that the cells themselves have a selective affinity, or, in the new language, a "tissue proclivity" for certain chemicals or chemical reactions.

That this theory has a reasonable basis is shown by many very interesting facts. For instance, silver taken into the system is not found in the general endothelium, but only in the endolithelium of the vessels of the choroid plexus at the base of the brain. Strychnia affects the cells between the motor neurons and sensory neurons of the spinal cord and does not affect either of the two, even though the cells are the same histologically. Carbon is found in the connective tissue of the joints and lungs, but not in the connective tissue of the kidney, or in the stroma of other organs, histologically the same. Tetanus toxin acts upon the motor nerve cells and nicotin upon the ganglion cells of the sympathetic system. Every homœopathic physician is familiar with the effect of serpent's venom upon the blood, now recognized to be a hæmolytic action upon the red corpuscles.

It would be interesting to review many similar facts, but these examples are sufficient to show the selective affinity of the cells for certain chemicals or chemical reactions. Professor Ehrlich, in the Herter lectures of this year, attempting to show the relation of the cell receptors to metabolism, spoke of the

independent individuality of the protoplasm. He used a homely illustration which shows the selective affinity of certain cells and their ability to search out and appropriate the particular element especially agreeable to them. When wool is immersed in a dilute solution of picric acid there is a concentration of the dye and a color is imparted to the wool which is not given to other substances immersed even in a more concentrated solution of the acid.

This selective affinity of cells, due probably to their specialized metabolism, has an important bearing on the life of the individual. The liver cells store up glycogen as a food reserve. Other cells have an affinity for waste products and are concerned in elimination. But to us this tissue proclivity has a greater significance. It accounts for the appropriation of drug substance, no matter how infinitesimal, by the cells demanding that particular element.

Immunity and Ehrlich's Theory.

It is an accepted idea that the body fluids, particularly the blood serum, possess certain protective functions. We hear much these days of "immunity." Relating to this subject, the most popular current theories have a chemical foundation. Their fundamental principle is that the blood-serum may be so modified as to overcome the effects of infections, of poisons, or of both. This is done by destroying the bacteria known as bacteriolytic power, or by counteracting the toxins developed, known as antitoxic power. That one known as Ehrlich's "side-chain" theory is most discussed. It attempts to explain antitoxic immunity in chemical terms. Ehrlich assumes that the cell body has upon it a number of side-chains—receptors as they are termed. These are capable of combining with food products for the metabolism of the cell, but may combine with toxic products, with damage to the cell. According to this theory, antitoxins, consisting of surplus receptors made by the cell and cast off in the blood stream, unite with the toxin in the serum, leaving the other receptors of the cell free for their normal food-taking properties.

Ehrlich's theory is extremely complicated. Without any atempt to review all its details, I desire simply to mention the fact that in the successful maintenance of this hypothesis much ingenuity has been shown by its author. To show how the complement, or anti-body, does its work, he explains the necessity for the presence of certain intermediary bodies of amboceptors. The protective action of the blood may be interfered with, then, by drug effect upon the cell, interfering with the production of receptors, upon the amboceptor, or upon the complementary body. The importance of this, therapeutically, will be considered later.

Prudden says: "There seems to be abundant ground for the belief that the protective agencies which are evoked in both natural and artificial immunization are simply those which the body makes use of in its normal metabolism, exaggerated and diverted to different ends, it is true, in the face of emergencies, but giving evidence of the birth of no new physiological capacities."

These theories show the importance of preserving the protective properties of the blood serum and have a bearing upon the drug administration. Of this we will say more directly.

Theory of Solution.

New light upon the positive value of the infinitesimal dose, showing its chemical power, has been shed by the advances made in physicial chemistry during the past decade. In 1898 and again in 1903, by Prof. Bailey* first, and later by Dr. Gatchell,† the Ostwald and Arrhenius theories of solution were considered at some length by this body. In reading the Transactions and noting carefully the discussions of these able papers, the impression was made upon my mind that it is important to correct some misapprehensions regarding these theories and their relation to our practice. Your speaker does not presume to pose as a chemist capable of critical examination of the members of this body, but having the written testimony before him, he has taken advantage of expert assistance to amplify and clarify the subject and so reopen the discussion of what certainly is a very interesting development of physical chemistry as it relates to the infinitesimal dose.

To bring this phase of the subject clearly to mind, let us briefly state the so-called theory of dissociation of molecules. As interpreted by this theory, a chemical, technically an electrolyte, when dissolved, is dissociated into parts or particles smaller than the molecules and known as ions. The more dilute the solution the greater is the dissociation and consequently the molecules are less in number and the ions increased. In a solution infinitely dilute, the dissociation is absolute and the chemical is present only in a state of ionization.

When this subject was newly presented the first question which occurred to most of us was: How dilute must the solution be in order to bring about complete dissociation? If it were a solution of Sodium chloride, for instance, what dilution, according to our nomenclature, would furnish complete ionization? The search for facts on this subject revealed Lord Kelvin's statement as to the size of a molecule. He says: "Imagine a rain drop or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser grained than a heap of small shot, but probably less coarse grained than a heap of cricket balls." In order to reach, then, a solution sufficient to bring about dissociation of the molecule itself, it is readily seen that the volume of the solvent used must be immense. Having quoted Kelvin, Jones‡ states that "perhaps the best demonstration of the almost unlimited divisibility of matter is furnished by some of the aniline dyes or by fluorescein, where one part is capable of coloring or rendering fluorescent at least one hundred million parts of water." This solution corresponds to at least the eighth decimal dilution. The authorities** agree that the dissociation increases with the dilution, from the

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*Transaction American Institute of Homœopathy, 1898, pp. 44, 54.

†Ibid, 1901, p. 82.

‡Physical Chemistry (1902), p. 40.

**Physical Chemistry, p. 216.

most concentrated solutions up to a dilution of about one one-thousandth normal. It is safe to assume, therefore, that dissociation of the simplest drug is not complete under the sixth decimal dilution.

It is easily seen, then, that complete ionization is possible only in infinitesimal dilution. Not only is this true in theory but also the research of the chemist seems to prove it. We are prepared, then, to assume that the therapeutic value of the drug is not lost when it is placed in such dilution as to represent an amount less than any assignable or measurable quantity.

Objections to the Theory.

To revert for a moment to the discussion of last year, it is my purpose to attempt to clear up some questions which, in the press of time then, apparently passed unanswered. Dr. Wesselhœft, as quoted in the Transactions, said:† "Undoubtedly much light was shed on the physical properties of matter by the discovery of the principle of dissociation; but this, instead of confirming our proposition of increased activity by dilution, seems to me to somewhat to disturb it. Not but that the pathogenic power of drugs may not be increased, but an entirely new character and effect is imparted to them, of which, as yet, it is impossible to conceive the nature.

"Take, for instance, the example of potassium chloride," he said, "this after dissociation is no longer KCl, but consists of water having in solution ions of K and of Cl. Now, according to all of our former accepted knowledge, potassium is a very different body from chlorine. Both united furnish a third, potassium chloride, which is very different from each of its two components. This illustration is more convincing when we consider sodium chloride, or common salt, and how widely different this is from either of its two constituents. If we wish to get a patient under the influence of potassium chloride or of sodium chloride we would not prescribe either chlorine by itself or potassium or sodium by themselves.

"Another suggestion occurs to me," Dr. Wesselhœft states further, "and that is, not to carry dissociation (dilution) beyond the molecular limit, because, when our molecule is broken up, we cannot expect the same pathogenic or therapeutic effect that we ought to get from the undissociated molecule. . . . We should discover the limit at which dissociation begins with regard to every medicinal substance we make use of, and then we should be very careful not to go too far beyond it."

Objections Answered.

I know the kindness of Dr. Wesselhœft's heart and the broadness of his view; he will not take offence if I reply to this criticism of the theory of dissociation as it relates to Homœopathy. I should discuss the matter in private with the Doctor were it not for the fact that the same criticism has been made by others, and it is of such importance that it should be settled to the satisfaction of the profession, and, if possible, to the advantage of our own position in the scientific world.

First, the criticism fails in the light of clinical experience. This argument needs but the mentioning; every physician here can testify to cures made with remedies in such dilution as certainly to be far beyond the beginning of dissociation, and probably beyond complete ionization.

Then the laboratory has proven that the properties of completely dissociated solutions are the sum of the properties of all the ions present in the solution.* In other words, the properties are additive. This holds for such properties as conductivity, lowering of freezing point, refraction equivalent, heat of neutralization, and, undoubtedly, for any therapeutic effect possessed by the drug.

Furthermore, any solution of a drug, no matter how concentrated, presents some at least of its molecules in a dissociated form. Therefore, Dr. Wesselhœft's criticism would apply as well to the tincture as to the highest potency, but it is hardly valid for either.

The consensus of opinion today, based on chemical experiment, is that the finer the division of a chemical substance the more active it is, though unchanged in the quality of its reactions. In its state of complete ionization, its line of direction is not changed but its activity is multiplied; it is altered not in kind but in degree merely. Furthermore, the physiological efficiency of any drug is not a fixed quality except in infinite dilution. By means of solution we get the most complete division, and in infinitesimal dilution is found the most powerful chemical action. Thus, in this new century, is scientifically verified a statement made by Samuel Hahnemann, who said: "The effect of a Homœopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration."

"Vital Force" Abandoned.

It is a digression possibly, but I desire at this point to touch upon another matter, which, if true, may come as a revelation to many of our profession. If the theory of dissociation be correct, many of us have erroneously, or, at least, imperfectly, applied the remedy, even though the selection in theory was absolutely in accord with the law of similars. You may well ask why this statement is made. Now to the proof.

Granted that the dilution of the remedy increases its power, it is not by reason of the Hahnemannian theory of "dynamization," as it is ordinarily understood.

Let it be said in passing, however, that Hahnemann, in paragraph 288 of the Organon, spoke of this force not as a spirit force, but his language was "spirit-like force," quite a different thing. This idea of "force" influenced and permeated all branches of science. The physiologist was the last to break away from the old theory of "vital force" and to explain all the bodily processes in chemical terms. The idea of a mystical force being possessed by drugs was but the outgrowth of the vitalistic theories of life and disease. The brilliant work of Wohler and Liebig, and especially of Berthelot, in synthetic chemistry, has cast off this yoke and no longer is it

†Transactions American Institute of Homœopathy, 1903, p. 92.

*Memoir by Svante Arrhenius in the "Modern Theory of Solutions," pp. 57 and 58.

necessary for the Homœopathist, or any other scientist, to explain temporarily unknown quantities on the basis of some ether, spirit or humor. There is a more rational hypothesis which is acceptable to all the rest of the scientific world. With the present state of our knowledge, it is unnecessary to fall back upon a mysterious "dynamis." Homœopathy, at least the infinitesimal dose, is as reasonable, as explainable, as scientifically sensible, as is any other of the natural sciences.

The Tablet Triturate.

To revert to our subject; in the light of modern science the power of the drug is increased by the dissociation of its molecules. Then, it certainly follows that the tablet triturate, as it is commonly used, rarely presents a single molecule of the drug it purports to carry. As I understand the manufacture of these tablets, the drug in dilution is poured over them and the tablets are then placed in an oven to dry. In the dry state, the liquid having evaporated, it is supposed that the tablet retains the drug in the form it had in solution. As a chemical proposition this is inconceivable. The drug, whatever it may be, has been so highly diluted that dissociation is more or less complete. It cannot be dreamed that an unsatisfied chemical bond or element could be perched in solitary grandeur upon some mountain of saccharum lactis and remain there in single blessedness. On the slopes of that mount, or from the atmosphere about it, it will surely find some other lonesome ion or atom, and will unite with it in wedlock, holy or unholy. If by any miracle of grace this marriage should result in the combination required, all well and good, but in practically every case the chemical resultant will be a new and quite different body.

For instance, take from its shelf the bottle containing tablets labelled *Argentum nitricum.* Invariably, in the lower potencies especially, where the change would be more apparent, the tablets will be found discolored, quite brown indeed. That color comes not from the nitrate of silver, it is the oxide of silver. The molecules, or ions, of $AgNO_3$, under the action of the atmosphere, have become Ag_2O, and the N has resumed its gaseous form.

If this is true of such a chemical, how much more true it must be of the more complex organic substances, like Aconite and Belladonna. Also such volatile bodies as hydrochloric acid and phosphorus, for instance, are frequently prescribed in tablet form. The latter body when finely subdivided and exposed to the air undergoes a chemical change with explosive violence. In solution, however, it is protected and remains as phosphorus. If for no other reason than to guard the drug from atmospheric or other accidental contamination or chemical conversion, the remedy is safe only in solution.

What is true of the tablet is equally true of the triturate where the latter is prepared by first pouring the dilution over sugar of milk. I am not so sure regarding triturates made from the metals, from drug substances, or from dried plants; possibly the drug by this method of preparation is simply finely subdivided. For myself, however, in the light of the modern theories of solution, I prefer the dilutions. If dispensed upon tablets, cones or pellets, they must be thoroughly saturated with the liquid, and enough left in excess to keep the drug actually in solution. Otherwise, if the increased power of the drug depends on its dissociation and the presence of all its ions, both positive and negative, we might as well prescribe "moonshine."

Disease and the Infinitesimal Dose.

Having stated that health depends upon a condition of chemical equilibrium in the cells of the body, it naturally follows that if through any cause there is a disturbance of equilibrium there is at once a change of constants. The processes of metabolism are interfered with and we have a disturbance of function and even changes in structure. To illustrate: If there be a disturbance of the equilibrium of the parietal cells of the stomach, there is a failure in the production of hyhrochloric acid. In malignant growths the chemical processes are so perverted that the cell metabolism is concerned only in reproduction; for instance, in the liver no bile is produced, but reproduction and abnormal growth result. In fatty degeneration there is such a disturbance of metabolism that the cell protoplasm is converted into fat.

If we can restore the equilibrium of the cell or group of cells, we have remedied the abnormal condition and normal function will be resumed. A remedy is anything which will do this. This remedy may be rest, or stimulation, local application, or something else, but usually it is some drug administered for a specific effect upon the diseased condition. It is not for us, at this time, to discuss the rationale of the theory of similars in the selection of the drug, but rather to show why the drug is effective.* In the light of all present knowledge, we believe the drug acts by virtue of its chemical activities. Our knowledge being so meagre as to the actual reactions in the laboratory of the cell, it is difficult to follow the drug action, but we do know that almost without exception chemical substances introduced into the animal body are acted upon, more or less, and enter into and out of combination with the protoplasm of the cell. Some of the most stable of chemical substances are completely decomposed in the body. Enough has been positively determined

*Did time and the scope of the subject permit, it would be interesting to record the experiments of Loeb and others, apparently demonstrating the truth of the theory of similars. It has been found, for instance, that the rhythmic contractions of muscle fibre, immersed in sodium chloride or in calcium chloride solution, will cease after a time, a toxic condition of some sort being produced. Suppose the exhausted muscle is in the sodium solution, a small amount of calcium chloride, corresponding to the third or fourth decimal dilution, added to the solution containing the muscle, will cause the tissue to resume its contractions, to "cure" it, as it were. Thus is demonstrated the removal, by a small quantity of a drug, symptoms similar to those produced by a large quantity of the same drug.

Is it not fair to count this and similar experiments as verifications of our theory of therapeutics? At another time we may enlarge upon this phase of the subject, as experimental work along this line is now being done.

in the laboratory to state that the animal body possesses chemical capabilities sufficient to deal with the simplest or most complex chemical problems, and that everything proceeds along definite and constant lines.

It having been shown that disease is a disturbance of chemical equilibrium and that remedies act chemically; it having been shown, further, that the most active form of drug is that which is presented in a state of complete ionization, then, is naturally follows that the remedy, to be acceptable to and instantly appropriated by the cell, must be given in a state of great attenuation.

With the system demanding relief and the symptoms calling for a certain drug, Barium chloride, for instance, I have no doubt that that drug given high or low, in dilution or crude form, will thread its way through the blood stream and a sufficient quantity be appropriated by the disturbed cell to satisfy and correct its chemical equilibrium. But the experiments of Wenstrand and Kektoen have demonstrated that the ions of this particular drug combine with certain elements in the blood serum and to a great degree destroy its protective functions.

In their experiments sera showing decrease or absence of hæmolytic activity were all taken from patients extremely ill, or within twenty-four or forty-eight hours of death. "It seems, therefore," to use the words of Dr. Wenstrand, "as if the power of blood serum to dissolve foreign cells is lost at the same time as the power of the individual to resist death passes away. Consequently it would seem that the hæmolytic activity of a serum is, in a certain manner, at least, a criterion of the resistance of an individual. This is borne out also by the finding of an increased hæmolytic activity in the serum of such patients whose resistance is high.*

Hektoen† remarks that substances which suspend, diminish or modify the bacteriolytic, hæmolytic, or other properties of the serum, favor the development of certain general infections, for instance, typhoid fever. It is not unreasonable, then, to presume that in the treatment of conditions where blood toxins are developed in the administration of material quantities of Barium chloride, for instance, the symptoms calling for it may disappear, only to be replaced by conditions more serious, induced by a lowering of the protective forces of the body fluids. In the terms of Ehrlich's hypothesis this untoward effect is due to the action of the barium ions upon the complementary body of the serum. As a result the immunizing properties of the blood are suspended or at least greatly reduced. In the administration of a remedy for the relief of any disease this fact must not be overlooked. The ideal prescription in the administration of a drug is the minutest possible quantity to satisfy the disturbed cell, already shown to be infinitesimally small, in such dissociated condition as to make its appropriation the simplest possible chemical reaction, and in such form as not to interfere with the protective forces of the body.

*Wenstrand, Transactions Chicago Path. Soc., Vol. 5, No. 14, p. 294.

†See Transactions Chicago Path. Soc., Vol. 5, No. 14, p. 203.

Conclusion.

For these reasons Hahnemann's advice, given a century ago, is pertinent today. In paragraph 276 of the Organon he says: "Too large a dose of medicine, though homœopathic to the case, will be injurious."

Having shown, then, that disease is a disturbance of the metabolism of the cell, which, among other functions, possesses that of "selective affinity;" that remedial power depends on chemical action; that infinite dilution increases the power of the drug, lessens the probability of interference with the protective functions of the body fluids, and presents the remedy in such form as to be most readily appropriated; it naturally follows, as the conclusion of the whole matter, that in the cure of disease, the infinitesimal dose, properly chosen, is more effective than is any other practice.*

In closing, I desire to give my personal testimony to the foresight, the scientific accuracy, the logical presentation, the minimum of error, and the maximum of eternal verity shown by a man who lived in an epoch of superstition, who practiced during the dark ages of medicine, who knew nothing of the modern laboratory idea, yet whose gigantic intellect was capable of formulating a system of therapeutics so accurate in its essential parts that the rest of the scientific world has adjusted and readjusted itself until now it snugly enfolds and perfectly fits every feature of the homœopathic doctrine. Study the modern ideas of disease and the morbid processes as they are now understood, delve in physical chemistry as it is taught in every university of the world, listen to the forensic eloquence of the physicist, the chemist, the physiologist, and the pathologist, then take from its shelf the "Organon of the Art of Healing," written a hundred years by one Samuel Hahnemann, and it will be found that the notes of all these latter day scientists are so attuned that when that voice of a century ago sings its lay to the modern music there is not a suspicion of discord, but in perfect sweetness the whole temple of science is resonant and reverberant in one symphony of perfect harmony.

Bibliography.

In the preparation of this paper the following references were consulted. The list, while not complete, is comprehensive enough to enable one interested in the subject to follow to their original sources most of the scientific facts and theories used in the article:

1. Bailey (1898), Transactions American Institute of Homœopathy.
2. Bashford (1903), Lancet.
Bashford (1904), Journal of Hygiene.
3. Boericke and Dewey (1899), The Twelve Tissue Remedies.

*I cannot forbear calling to mind, however, an introductory remark, that, in the light of present knowledge, I am doubtful of the value of such attenuation as acutally removes the physical presence of the drug. In practice, therefore, I rarely prescribe above the thirtieth decimal dilution.

4. Cushney (1899), Pharmacology and Therapeutics.
5. Dunham (1886), Homœopathy, the Science of Therapeutics.
6. Ehrlich (1904), Medical Record.
7. Gatchell (1903), Transactions American Institute of Homœopathy.
8. Grumbaum (1903), Practitioner, London.
9. Hahnemann, Organon; Lesser Writings.
10. Hailer (1903), Centralblatt fur Bacteriologie.
11. Hektoen (1903), Transactions Chicago Pathological Society.
12. Jones (1899), The Modern Theory of Solution, Memoirs by Pfeffer, Van't Hoff, Arrhenius and Raoult.
Jones (1903), Physical Chemistry.
13. Kolle and Wasserman (1903), Bacteriology.
14. Loeb (1901), Pflüger's Archiv. fur die Gesammte Physiologie.
15. Mathews (1904), American Journal of Physiology.
16. Metchnikoff (1903), The Nature of Man.
17. McFarland (1904), International Clinics.
18. Muir and Ritchie (1902), Journal of Hygiene.
19. Prudden (1903), Medical Record.
20. Richards (1902), Zeitschrift fur physikalische Chemie.
21. Ritchie (1902), Journal of Hygiene.
22. Welch (1902), Medical News.
23. Wenstrand (1903), Transactions Chicago Pathological Society.
24. Wesselhœft (1903), Transactions American Institute of Homœopathy.

Neurology.

THE MANAGEMENT OF NEURASTHENIA.

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The management of a disease contemplates a perfect executive power on the part of the physician. In no other way is it possible to successfully treat this bothersome malady. The axiom, it seems to me, has also equal significance in the treatment of any disease. Unless the physician is at all times a master, satisfactory results are not obtained. The teaching of our school has tended towards absolute reliance upon the remedy. While this, in its fundamental action, is a valuable principle, it has not always worked the miracles claimed for it. We find again that any tendency to extremely laud a principle of practice is liable to exact universal faith in medicine to the negligence of natural agents. To the enthusiast it may mean the indiscriminate application of indications when something more than a remedy is needed. Useful and perfect as our law may be, it must recognize its own limitations. While it serves us well, yet, like every good rule, it has its exceptions in practice; it, therefore, should not be inimical to all else which science and experience have revealed. A remedy will not do all the work, it must have the help of patient and physician. Thus it seems right to consider the question of management when we undertake the responsibility demanded of us in this particular class of patients.

Management of neurasthenia means something more than the control of the patient. Important as this may be, there should be a broader interpretation of this theory of treatment. First of all, we should teach the patient the necessity of self-control, for no disease more than this rests upon an error of temperament or custom. The man of business or the lady in society may establish a condition of nervous exhaustion through the lack of self-restraint. The magnified "ego," individual depreciation and the fretful desire for more attention or consideration may encourage a self-consciousness which dethrones health, while ambition seeks an undue reward. This state of mind not only aids the development of disease, but retards the cure as well. It should receive the physician's first consideration.

Control of surroundings needs equal attention. Unless we regulate disturbing affairs, minimize excitement and noise, or set aside everything which produces anxiety, we shall not attain the desired result. A patient's family often causes more trouble than the disease itself. Habit in business or social strife may have contributed the first exciting causes. These alike must be put under the stern authority of a master, else our work avails us nothing. Erroneous ideas of a cure naturally pervade the minds of our patients. Advertised panaceas and neighborly advice constantly thwart the best efforts of a capable physician. Friends are often the greatest foes of a sick man. They are so free with their suggestions that positive damage frequently follows their prescriptions. A magnetic water, a trip abroad, or a cure-all remedy are often successively accepted until unfavorable complications are allowed to develop. All mistakes of this kind come into our daily experience with neurasthenia, and we fail in our best efforts unless we are bold enough and strong enough to resist all interference with the practical and scientific care of a case. Management, therefore, means much to us, and it must be rigidly applied in addition to our treatment.

Nervousness is many times a misnomer in the consideration of neurasthenia. The temperament and mannerisms which incite this term do not always pertain to the disease under consideration. Frequently a phlegmatic disposition may conceal the typical pathology, yet a general irritability is liable to manifest itself during some of the stages of the disease. We think of it in connection with the hurry and worry of modern life, but this does not mean that it exists alone in connection with such environment. It may be idiopathic or secondary to other diseases. Exhaustion is a characteristic symptom, and this should be considered and treated as a factor primary to any sign of irritability. One author has properly called it a fatigue neurosis.

If we take a careful anatomical view of the cerebro-spinal system, we shall be able to form a better idea of the early causes of neurasthenia. The sensory structure takes from the periphery, through its fibre tracts, the necessary sensations for the comprehension and working of the motor cells. This, through a series of reflex actions, produces a return motor cord and brain conduction. Applied to the cord it creates automatic functions, and applied to the brain it develops a higher motor function which is under the control of mental action. Add to this

feature the special sensations and we shall see that, through the stimulus of sensory conductions, we have a motor activity which means the performance of all of the body functions. These complex reflex actions, travelling to and from the brain, perform the work necessary to our physical existence. So long as the cells and fibres are intact and are not overworked, we should expect a perfect performance of their functions. When, however, they are overworked or when disease becomes a factor, we shall experience the characteristic symptomatology.

Every nerve cell has three inherent functions, viz.: The creation and distribution of its impulse, a trophic power and an inhibitory regulation. So long as these physiological principles are not disturbed we have normal nerve action. When they are perverted we notice first an interruption of the nerve impulse, next a loss of trophism, which causes exhaustion, and last of all, the infringement of inhibitory control. These physiological derangements furnish the symptoms of neurasthenia. After the motor brain has been obliged to supply the motor power for the exhausted spinal cells, it demands so much of the mental brain that we soon notice mental symptoms in addition to the typical features defined above. These are observed only when the disease is well advanced and are, unfortunately, looked upon as the typical symptoms of neurasthenia. Insomnia and mental excitement are incidental symptoms and not causative factors. The loss of cell protoplasms, which is the real cause, exists long before these signs are seen.

I have always held that spinal exhaustion, that is, the exhaustion of spinal nerve cells, is the first existent symptom in the disease under consideration. It is the overworking of spinal functions which calls for brain help and thus develops our positive signs of the disease. These perversions escape our notice because the patient is not necessarily nervous, and he continues his daily vocation under stress and strain until the tired brain calls out for help.

Our first thought of treatment, then, must comprehend the principle of rest. This must be applied to the regular activities of the physical functions which any labor may demand. It does not refer to mental rest alone, much as that may be required. The man who uses his right arm until there is muscular exhaustion is bound to cause a protoplasmic loss in the spinal cells which furnish innervation for those muscles. This in turn may create a spinal exhaustion which precedes a general neurasthenia.

Much has been said of the rest cure, and much good has come from this method of treatment, yet it may be overdone, and it is by no means indicated in every case. Unless there is complete exhaustion, it is better for a patient to continue the regular routine of life under proper supervision. Education as to the proper conservation of strength and energy is a better prescription. The idleness and indolence encouraged by the rest cure, to say nothing of the abnormal feeding, may lead to an unhealthy mental view of life. A patient should be taught that work is the best thing in life, and he should learn to employ his faculties without enervation or exhaustion. No neurasthenic should be encouraged in the idea that he is an invalid.

Mental diversion and diversified occupation are healthy stimulants. The patient, having learned how to work, should be made to feel that a vocation is necessary for health. When we are sufficient masters of ourselves, so that we do not work beyond our strength, the blessing of occupation will be understood. We are not obliged to push a train when the engine is drawing us. It is not necessary for a man to hold on to the detail of his business when he hires an assistant for that purpose. These principles we may teach and insist upon as a part of our prescription.

If we look carefully into the causes of "nervous breakdown," we shall invariably find that our patient has not worn himself out so much in his business as in a social way. The modern desire to "shine in society" the moment prosperity has come has undone more men and women than all the exactions of business. The resort to stimulants in order to rest the weary brain or whip up the lagging strength is the greatest modern error. Club life has furnished us many neurasthenics from this cause. A healthy home life will cure such cases when medicine fails.

Avarice constantly leads men into physical decrepitude and the mental anguish which attends this wrecks life and health while the goal is sought. When plenty comes man desires even more, and when a sufficiency is obtained he forgets that he may have too much or at least enough. This engenders a mind exhaustion and an intellectual perversion which takes away the healthy control of mental brain over motor brain. This in turn destroys that equation of cell influence between motor brain and motor spinal cells. It is then we first notice the failure of physical response to rest, stimulant or remedies. It is during this transitional stage that men, apparently in the prime of life, become prematurely old or fail to react when the physician is called to their rescue. All along the pathway of life's experiences we find these physical wrecks which are beyond the resuscitation of any life saving effort. Thus we constantly see those prematurely old grasping for that help which a physician cannot give, and this state of physical experience should be a warning to all that medicine cannot restore that which is already lost. Cell protoplasm cannot be thrown into the vital centers when there is no reaction left. The hulk of nerve structure may be there, but the receiving power of the cell is gone. We may stimulate temporarily, but we cannot restore. We may palliate, but we cannot relieve.

I have said this much in the way of philosophizing, because I believe it should be a part of our practice. No one should realize this more than the young physician at the threshold of his life work. He must meet this physical misfortune in a magnified degree, for if the present pace continues, the next generation will show a greater wreckage than we have yet seen. The average length of life, to say nothing of the power of appreciation, is bound to be shortened even more in the future unless the coming physician shall convince the people of their great error.

As a man attains wealth he allows himself too

much to eat and drink. The palate is tickled by the price of gold until an unnatural corpulence destroys the normal symmetry. The digestive organs are overtaxed, the kidneys become diseased, the blood vessels are weakened, the heart's action is limited and perverted, and the process of elimination is ruined. In such a state organic disease easily obtains its possession and the nerve endurance is lost. We know all of this only too well, but do we tell it to our prosperous patients? We see these danger signals constantly, but do we as physicians sound a proper alarm in time? Pages have been written upon this subject in our periodicals which reach the people, but slight attention is paid. When once the physician conscientiously and persistently takes up this subject, then, perhaps, the people will listen. More than all, we must demand that they take our prescription.

The simple life is the only safe alternative. In this respect the poor are fortunate when they little realize it. Thousands of men attain a worldly success which excites the envy of the masses, and, too frequently, stirs the emulation of all. So far as this may stimulate a healthy ambition, it is praiseworthy, but when it touches the sacred chord of health, as it too frequently does, it is a concealed misfortune. Our incurable neurasthenics are found mostly in the wealthy class, and these are the hardest to manage and cure, because they have become so attached to luxury. Philanthropists may endow colleges, but they would set a much better example if they were to return much of their money to the people from whom they have taken it before it has become a curse to their health.

In contrast with this class of patients we sometimes find our neurasthenics among those who are not taxed by these worldly blessings. Here we find a form of neurasthenia which comes from physical exhaustion and perhaps from the privations of healthy food. These, too, are hard to manage because many times the constitutional support is lost and no medicine can reach the cause. The lack of sanitary surroundings, the ignorance of true hygienic laws and the prevalence of specific taint makes these cases difficult to handle. It is in this field that we find our severest types of physical imperfection, and the task of the physician is indeed perplexing. His skill must here comprehend a study of disease and its environment which the indicated remedy alone will not remove. It is not my object to usurp the vocation of the preacher in calling attention to these ills of life. It is rather my intention to submit some facts which must be seriously taken under advisement lest our remedy fail. Such a knowledge of conditions reminds us over and over again that nerve exhaustion has many causes and the successful treatment must meet and manage them all.

Exercise in the form of play not only sweetens life, but rests and relaxes the tired nerves. We do not prescribe enough of this. People should be strong and healthy. It is within their power to be so. Too many think they are sickly, or enjoy this appellation. It is possible by exercise to toughen the body and mind to a proper endurance, and this will surely dethrone the nervous state. We seek too many pleasures which permit us to sit still. It is possible to pursue a strenuous life and at the same time encourage play. The mind and the body should never be allowed to grow old. A smile will lighten any countenance, and a laugh will prolong life. Do we think of this enough when we are looking for the remedy for our patients?

Fear is a symptom which we should always seek to overcome when our patients talk with us. I make it a principle never to allow them to go back into the past after I have once taken their history. Past troubles and future bridges should never furnish fear. One has gone and the other has not come. All neurasthenics love to be morbid; it has become a feature of their daily thoughts, and they encourage it constantly. The doctor should be so healthy and hopeful himself that he inspires no such thought as that. If we make our patients get out into the sunlight until they are freckled and tanned, they will have something else to think about besides themselves.

I believe our first effort in the treatment of a neurasthenic should be directed towards the correction of indigestion. They all suffer in this respect. The majority of them do not eat enough to support an ordinary humming bird. Their minds are filled with forebodings about indigestible foods. They generally live on prepared foods with unpronounceable names. They can give you the latest social or newspaper gossip as to what we should eat and how we should eat it. Such people should be told to eat three square meals (the squarer the better) every day. Let them cultivate an appetite for good wholesome food, if you have to stand over them with a club.

It seems hardly necessary to touch the subject of sleep or the mandatory requirement for short hours in business. Overwork and under rest are the most prolific causes of this disease, and yet how little do we enforce this on our patients. The laboring man has demanded an eight hour day, but the business man and the social devotee turn night into day. We see him going to business with a newspaper under his nose; the same may be noticed at the lunch hour, and when he returns home at night. Some excitement is found for every evening, and thus the slave struggles along in life until he is a nervous wreck.

We are too anxious for wealth and social prestige. We fret too much over non-essentials, or when a duty it well performed we do not rest in peace. If we could only forget self and reach out for the best in life, we might find a contentment which is more precious than gold. Introspection and retrospection, worthy virtues as they are, may be employed in a manner which causes us to complain when we ought to feel happy and thankful. Suggestions which give our patients courage and hope will bring about the best results.

The care of the body is of paramount importance. The natural resisting power must be cultivated. Too much clothing creates debility. We must anticipate and overcome disease in its incipiency. Our patients must learn to doctor before the physical powers are reduced by disease. They should not live indoors so much. The cold bath is the best possible tonic, and physical culture should become a

hobby with everyone. If we keep oxygen in our lungs, there will be little excuse for anæmia. Red blood corpuscles will ward off functional and organic disease, and at the same time furnish a healthy mind.

These sayings may seem commonplace before a gathering of physicians, but they should be repeated again and again lest we forget the fundamental principles of practice. We give our patients too much medicine and too little advice, because we have fallen into a stereotyped habit of looking for remedial help.

So far I have said nothing about remedies. I often wish I could depend entirely upon the above suggestions. Drugs, we have learned, should be avoided as much as possible. It is our school which has converted the profession to this idea. If there is any truth in our law of cure it should be employed in this class of cases. Indications which point to physiological symptoms should be suggestive of a remedy. Any adjuvant help, such as the sedative aid of hydrotherapy or electricity may be properly considered. Local irritations which excite undue cerebro-spinal activity will demand relief, yet the simplest management of the case will give the most lasting results.

We all fall into the habit of giving certain remedies and many times we ascribe to them unnatural results. I believe the old idea of nerve stimulation has been properly abandoned. Therefore, strychnia is of less consideration than formerly. Tonics are not usually serviceable. Food, rest and exercise have supplanted these.

In the systematic application of remedies I have found none which has served me better than those which look to the restoration of cell protoplasm. Among these I class the zincs, such as the phosphate and valerianate, of first importance. The phosphate of zinc, like phosphoric acid, has been a standard for a long time. The valerianate adds to this principle of action sufficient sedative aid to relieve the unnatural innervations which always attend. It is an established symptom principle that a weak or irritated nerve cell discharges more nerve force than its fibre can endure without exhaustion. More than this, when irritation is once established to a certain extent it continues automatically. Thus it is essential to correct this as soon as possible, and it should be done so gently that there is no reaction from drug absorption. This, therefore, confirms the necessity of seeking this object with as little drug action as possible. The third decimal potency fulfills this mission without an unhealthy result to nerve tissue. Yet we must remember that a persistent use of this remedy must be continued until there are signs of drug aggravation or other intercurrent symptoms are more suggestive. I do not mean by this that we should magnify our fears about aggravations. Rarely will a remedy in this strength produce such a misfortune, and we must constantly be on guard lest we overestimate this symptom expression.

Zinc naturally produces a condition of erethism in the brain, medulla and spinal cord. The overaction creates spasticity, tremors, neuralgia or extreme hyperæsthesia. These features may become magnified or the drug proving may go so far that cerebral depression and spinal exhaustion, the early signs of neurasthenia, may end in destruction of nerve tissue until paralysis is a sequela. Therefore, it seems to be a therapeutic truism that this remedy not only comprehends the most distinctive symptoms of the disease under discussion, but that it may be applied successfully if we use it in a sufficient dosage to perform a healthy stimulation.

Picric acid in combination wth zinc, the picrate of zinc, will often meet these symptoms more heroically. In combination with iron it has a more efficient action through the blood in the restoration of depraved cell function. In this way we are better able to combat the influence of anæmia than with the acid alone. The weakness of the limbs, the numbness, the spinal pains and the occipital headache respond gradually to its use. The exaggerated reflexes of the early stages, the spinal inco-ordination, the fine vibratory tremor and the loss of conjunctival reflex disappear under its gradual absorption. To another phase of the treatment it is of paramount excellence. I refer to the complicating irritation of the sexual organs. Errors here, as we all know, have altogether more to do with neurasthenia than we wish they did. Yet such being the case, we are fortunate to have a remedy of such everlasting value. So, too, we find its healing power presides over that metabolic perversion that permits unnatural discharges; these are either from the process of tissue degeneration or they are the vital fluids themselves. Also when inhibitory control of nerve cell activity has reached the limit defined by hysteria, then we shall find that picric acid is our most useful agent.

There is another principle which we must observe in the treatment of these cases, and that relates to the unusual discharge of nerve force as the result of the exhaustion which has been overlooked. This is the first sign which alarms the patient, and, unfortunately, it is too frequently the first symptom which the physician thinks may need treatment. It is like the nerve storm of cerebral troubles, like epilepsy, when the patient is not able to exert any self-control. The peculiar numbness which attends the muscular inability brings on the unwarranted fear of paralysis. The finer muscular sense is perverted, and often there is a debility of some of the grosser muscular movements. It comes at a time when the physical depletion is greatest and often organic disease is suspected. At this stage we need remedies which will gradually subvert this unnatural and uncontrollable innervation.

For this condition I know of no better remedy than Agaracine in the third decimal potency. It is, however, ably supplemented by the valerianate of ammonia, Hyoscyamus, Ignatia and other well known agents. Agaracine, however, has a more lasting effect and its action is direct. The muscular contractions, the twitchings and the tendency to paralytic results are overcome. Its action upon the involuntary peristalsis of all tubes is an additional proof of its ability to correct perversions of the sympathetic system. In our treatment it is most important to look at the nevous system as a whole and no remedy fulfills this mission better than Agaracine.

As I have made some previous statements relative to the mind relation in neurasthenia, it may be well to make some reference to the use of remedies in this respect. There is one, which, in my belief, is supreme for this purpose. That remedy is Anacardium. As its physiological proving points to cerebral depression with mental weakness, so, too, it relates to the general nervous prostration and irritation of this disease. Its action, then, in potency should comply with a perfect symptomological similimum. The weakness of memory, the periodic signs of irresistible irritation, and the mental incoordination are all within the sphere of this medium. The excess of sensations, the paræsthesia, and at the same time the physical exhaustion suggestive of paretic extreme, come under its symptomatology. In addition it has such marked digestive influence that it must not be overlooked in the disturbances of this kind which are always present.

These, I recognize, are only a few remedies which may constitute the armamentarium of the physician in charge, and yet if these are properly studied and at the same time properly applied, their efficiency will be recognized. In a sense this paper has aimed to hint at least at a few of the general and at the same time a few of the remedial principles which are useful in practice. Volumes of further suggestions might be written, but it is the multum in parvo which helps us in need.

The heart alone would demand much consideration in the treatment of this disease, and with that therapeutic principle in view, many remedies may apply. The principle cardiac perversion in thse cases simulates the pathology of neurasthenia itself. The heart suffers really from exhaustion, and the murmur is essentially expressive of that condition. In organic valvular disease the segments fail to approximate because of tissue sclerosis or vegetations. The murmur which follows defines the organic degeneration, and its more general pathology starts from this cause. In neurasthenia the valves do not approximate because they have not sufficient strength, and this exhaustion arises from a nerve cell inefficiency rather than a valvular one. The cause here starts farther back and finds its location in the spinal cells. The character of the murmur represents an accentuation and a prolongation of the first sound, and there is none of the distinctive murmur of organic disease. While this may be innocent in itself, it may at the same time be a favorable condition for the development of grosser lesions through the aid of infection.

The symptomatology of cardiac errors attending neurasthenia is naturally represented by tachycardia, and this means more than the involvement of the cerebro-spinal system. It comprehends also that involuntary system, the sympathetic, which deals with circulatory disturbance and alimentary perversions as well. It is a symptomatic expression of the heart's suffering as the result of systemic disease. While it may be looked upon as an innocent perversion, it may be the forerunner of serious heart complications. This should teach us that the heart is always in danger in the presence of neurasthenia, and it tells us, furthermore, that in all our treatment we must take this fact into serious consideration.

In one sense the treatment of neurasthenia can never be fully written. New knowledge, both pathological and therapeutic, is bound to come to us in the revelations of future study. In a spirit of hearty welcome we should be willing to receive with favor any new knowledge.

NEURASTHENIA.*

J. W. CALVERT, M. D., DWIGHT, ILL.

The study of the subject of neurasthenia is a very broad one, and one that will be very fruitful to any one who will enter into it in the right manner. It is also a valuable one, considering the difficulty in making a correct diagnosis, and the prevalence of this condition today.

I was induced to take up this subject simply because I have found it difficult to arrive at a satisfactory diagnosis in a few cases that have come under my notice.

Definition.

Osler says the term covers an ill defined and motley group of symptoms which may be either general, and the expression of derangement of the entire system, or local limited to certain organs.

He also says it is the physical counterpart of insanity, as the essential features in the latter condition is the abnormal response to stimuli from within or without, upon the higher centers presiding over the mind, so neurasthenia appears to be the morbid unhealthy reaction of stimuli acting on the nervous centers presiding over the functions of organic life. No hard and fast lines can be drawn between neurasthenia and certain mental states, particularly hysteria and hypochondria.

I like this definition. To me it is the best one of all I have read. It practically tells us that it is an insanity of the nervous center which presides over the functions of organic life, and certainly low conditions of mind and mild insanity enter largely into the make-up of many neurasthenias. Goodno says: "Neurasthenia may also be defined as a nervous disorder characterized by excessive nervous weakness and irritability so that the patient is exhausted by numerous slight causes. It is agreed to by all medical men that there is a morbid condition of which the underlying cause is a nervous defect or irritation, and that from a practical standpoint we must recognize neurasthenia as having a well defined individuality, as there is no other designation by which the cases of this character can be indicated. We should be careful at the same time not to use this name as a misnomer, when we fail through lack of skill or otherwise to find organic changes."

We have had many attempts to divide neurasthenia into numerous classes such as—

Hysterio-neurasthenia.
Traumatic neurasthesnia.
Primary neurasthenia.
Acquired neurasthenia and lithæmia.

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*Read before the Illinois Homœopathic Medical Association.

Climacteric neurasthenia.

Spinal neurasthenia.

Neurasthenia with fixed ideas and anxiety neuroses, neurasthenia gravis and angiopathic neurasthenia. These may sometimes be convenient, but I think may usually be disregarded, as they are of limited value.

The causes of neurasthenia are many. The age in which we live is by many considered a prime cause, claiming that we live at too great a nervous strain; that we live more in ten years than a former age lived in twenty years. You cannot, however, determine this by statistics or the study of historical documents. But it is certainly true that we have more neurasthenias than formerly. Why? Because the exciting and predisposing causes are more largely present than ever before. More people use their brains in the struggle for existence and live on a higher mental plane. Tendency to city life and all its hurry and bustle increases the danger. You put a backwoods man on State street here for a few days without assistance to find his way about, and you will find him nervous, I guarantee, unless he is more than the average man.

To simplify the causes, they are best stated as hereditary and acquired. Heredity enters very largely into every or most every disease, no more, however, into neurasthenia than others, but there is this fact before the medical profession today for solution: How best to overcome the evils which follow from one generation to another? To me there is but one solution, namely, care in education and marriage. When we bring the human family to see that reason and not sentiment should control our mating, then we may have some hopes of giving health as a heritage to our children. It was Voltaire who said: "If as much care were taken to perpetuate a fine race of men as is done to prevent the mixture of ignoble blood in horses and dogs, the genealogy of every one would be written in his face and displayed in his manner."

Abrams, a writer on neurasthenia, says: "Heredity may be responsible for the susceptible nervous system. And it devolves upon the individual to obey the laws of hygiene and to avail himself of momentary advantages, however minute, withstand the effects of conditions which either weaken or improve the status of his vitality."

Heredity and environment may be effectually fought by personal effort.

Acquired causes may be summed up—

Overwork and worry.

Severe shock.

Infections.

Abuse of stimulants and narcotics.

Abuse of sexual functions.

Disorders of digestion.

Of these the most prominent are abuse of alcohol and narcotics and abuse of sexual functions. In my town we see a great many cases of neurasthenia as the result of alcohol and narcotics. The symptoms of neurasthenia are so numerous that they can hardly be stated in a paper of this size. Of all the symptoms, fatigue is certainly the most constant. You will hardly see a case without this symptom.

Fatigue of muscle is essentially caused by consumption of material necessary for contraction, and the storing up in the muscle of waste products produced by its own activity. Muscular tire in the neurasthenic is expressed by general muscular weakness, lack of endurance, a tired feeling, a feeling of never being rested, and a sensation of extreme weariness on rising in the morning. In severe cases, patients rest in bed for indefinite periods, having assured themselves, by aid of their morbid imagination, that they are incapable of any kind of muscular effort. When fatigue symptoms become exaggerated they become painful, and are described by the patient as aches. Tremor of hands is another symptom, may be a general tremor. In pronounced cases twitching of muscles is present. All the reflexes are exaggerated.

Sensory disturbances are headaches which, may be constant or be evoked by any exertion, either physical or mental, and you will have all degrees of headaches. Backache is another sypmptom which is frequent. A favorite location for backache in women is in the coccyx (coccygo dynia).

Pains in limbs as tingling, cold, numbness, stiffness and soreness. Special symptoms as errors of vision, such as blurring, veiled sight, things look strange and unreal, defects of visual memory, dropping of lids, inequality of pupils, excessive mobility of the iris.

Ear symptoms, ringing, buzzing, roaring sounds, although hearing may be intact.

Brain symptoms, lack of capacity for mental work, any mental effort causing distress, lack of will power, irritability, little things annoy, loss of memory, morbid fears, fear of insanity. These fears rarely become insane delusions. Fears to be alone, fear of darkness. Tells every one of his troubles. Fears the future. Disturbed sleep or complete loss of sleep. Some cannot go to sleep for sometime after retiring, and when they do sleep, wake in morning unrefreshed. Dreams trouble the sleep. Restlessness is another symptom. Many patients cannot be still, must keep moving if in one place. Want to be somewhere else. Vertigo is prominent, palpitations of heart, sometimes pseudo angina, flushings and pallor of skin, cold hands and feet. Urine presents many interesting symptoms. It is usually normal but is sometimes passed in large quantities, is of low specific gravity. Phosphate may be present in excess. Stomach is usually disturbed, belching of gas, feeling of fullness, but shows no organic changes.

Constipation is present in majority of cases. And here is the secret of many cases of neurasthenia. If constipation exists for any length of time in an otherwise healthy individual, some nervous trouble is nearly sure to follow. I have a case at present whom I believe to be a neurasthenic, because of continued constipation. He tells me, and I have other reason to believe, that he was perfectly healthy until he was taken with a desire to get rich by hard work, and commenced to neglect the calls of nature. If a physician did nothing all his life but teach his patients to attend the calls of nature when they come, his life would not have been spent in vain.

The sexual functions are disturbed, impotence, pollutions, and in a case treated by me last year

masturbation was induced by neurasthenia of three years' standing; where the act had never been committed before, it was indulged in freely. This case was to me a peculiar one.

The diagnosis is usually easily made. You must differentiate ataxia, brain tumor and other organic diseases of the nervous system, gastric catarrh, liver and heart troubles.

To differentiate neurasthenia from hysteria is not easy, both may occur in same case. Hysteria may induce neurasthenia, and you must remember that neurasthenia lies on the borderland of insanity, and some forms of mild insanity are so close to neurasthenia I do not see how you are to determine the difference.

As for treatment, I would like to say that it is many times difficult and very interesting, because difficult.

There is no disease, in my opinion, wherein the ability, tact and good judgment of the physician is so necessary as here. Here also the homœopathic remedy is king. And here, too, we fall down, and sometimes hit hard when we light. Your remedy will do wonders when selected with care, but do not attempt to cure all your cases with the remedy alone.

You will find hygiene a valuable adjuvant, also electricity, and last, but not least, psycopathy, hypnotism, or anything you are minded to name it. Get your patient under your control, if possible. The physician is often compelled to conciliate the mind of the patient while Nature is effecting a cure.

You will always have to be guided in your treatment by conditions as you find them.

The treatment elaborated by Dr. S. Weir Mitchell is probably the best one ever given, so far as it goes. It consists principally of seclusion and rest, massage, electricity and diet. Dr. Jas. C. Wood, our eminent gynæcologist, says I am satisfied that much good is to be derived from properly selected homœopathic remedies. This no doubt is the experience of all homœopathic physicians. My experience, although somewhat limited, tells me that rest is the principal thing after medicines. I have seen very excellent results from the use of electricity. But please to remember that these cases, wherever you find them, will try your nerve, your patience and your skill.

SOME TYPICAL CASES OF NERVOUS DISEASES.*

BY WALTER SANDS MILLS, M. D.,

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I purpose to take you into the wards today and show some typical cases of nervous diseases. They are all cases of disease that may fall to the general practitioner to treat, and he should be able to diagnose them.

Case I. My first case is a woman about forty-five years of age, with acute articular rheumatism. This is not a case of nervous disease, but I show it first in order later to call attention to mistakes in diagnosis sometimes made at the onset of nervous affections.

You are all familiar with the symptoms of acute articular rheumatism. It manifests itself by a swelling, heat, redness and pain in various joints. The onset is somewhat sudden, as a rule, and one or many joints may be affected. In this case, as you see, the wrists are principally affected now. A characteristic of acute articular rheumatism is the shifting of the swelling and pain. It may be very severe in one set of joints today, tomorrow they may be well and another set affected. It is common to find the joints symmetrically inflamed. A frequent combination is one wrist and the opposite ankle, or one elbow and the opposite knee. Sometimes the trouble is mostly in the feet and hands. In this case the fingers as well as the wrists are swollen and tender. The shoulders and hips are less often affected.

In many cases an endocarditis is developed which runs into a chronic valvular lesion. This patient is showing some symptoms of endocarditis as indicated by the irregularity and tension of the pulse. In the way of remedies she had, first, Aconite, then Rhus toxicodendron, now Bryonia. She is rapidly getting well. (She left the hospital cured, except for a slight heart murmur left from a preceding attack several years ago, about two weeks after the clinic.)

I would like to impress on you the great advantage of the indicated homœopathic remedy in acute articular rheumatism over any other known treatment. Another point, never let cases such as this leave the bed for at least one week after all evidence of pain, swelling and fever have left. I have seen relapses follow neglect of this simple procedure. One case that I know of had four consecutive attacks, each one starting two or three days after the preceding one had subsided, and I believe for no other reason than because he was not willing to stay flat on his back a sufficient length of time.

Case II. This patient was seized one night, suddenly, six weeks ago with acute pains in the legs. She says the pains were so severe that they caused her to cry out. When she tried to walk she found she was unable to do so. The onset was so sudden, and the pain so great, that an ambulance was summoned at midnight to remove her to Bellevue Hospital. From there she was sent here.

The patient is a married woman, aged 26. She gives a history of heavy drinking for three years. When she came in she had a mild attack of delirium tremens. She was excessively nervous, with tremor of the hands and facial muscles. These symptoms soon subsided, and she became as you see her now.

There is marked foot-drop. There is loss of knee jerks and of ankle clonus. She has some shooting pains in the legs. There is anæsthesia, loss of sensation to external impressions and to heat and cold up to the knees. She does not feel pin pricks, nor can she distinguish between the application of heat or cold, as you see. The diagnosis is alcoholic multiple neuritis.

Cases of this disease are not apt to be of quite such sudden onset. There are more often premonitory pains, which are frequently mistaken for rheu-

*Clinical lecture at Metropolitan Hospital, May 6, 1904, before the Practitioners' Course.

matism. After the case is fully developed the foot-drop, and when it occurs, the wrist-drop, are almost pathognomic.

Case III. This patient is a married woman, aged 25. She has been sick since last November. She gives a history before then of alcoholic excess for six years. She dates her troubles from a fall in November. She was unable to rise or to walk afterwards. She had severe pains in the legs with loss of motion, loss of sensation and with foot-drop. The knee-jerk and ankle clonus are not present. In this case there is also a marked wrist-drop, and when she came in she was unable to feed herself.

At present the patient is improving. There is some improvement in the leg and foot condition, and so much improvement in the hands that she is able to feed herself.

Case IV. A Scotch woman, widow, aged 36. This woman gives a specific history. She also gives a history of having used wine and malt liquors at her meals for many years. She entered the hospital September 13, 1902. She told us at that time that for four years, at her menstrual period, she had suffered from pains and numbness and tingling in her hands and arms and legs and feet. She thought they were rheumatic pains. These attacks had gradually increased in severity. About eight weeks before coming into the hospital she caught cold. Then the pains, numbness and tingling grew rapidly worse. These sensations appeared in the hands, calves of the legs and feet. Sharp lancinating pains extended from the elbows to the finger tips, and from the knees to the toes. She complained of cramps in the arms, legs and abdomen. The tongue semed to be interfered with, and articulation was difficult. Foot-drop and wrist-drop rapidly developed.

At her entrance in the hospital, and for several weeks afterwards, this patient suffered acutely. The pains in the arms, legs and trunk were very severe. They came in sharp, agonizing paroxysms. She was unable to move her legs at all, and her arms very little. She had to be fed. The urine and stools were involuntary, and it was difficult to keep her clean. The least manipulation caused her to cry out with pain.

A woman of some education and more than average intelligence, her mentality has at all times been clear. At first her condition was pitiable, as she was so helpless. Naturally she was blue and discouraged and wept a great deal. She did not sleep well. Hot milk at the ordinary bedtime did wonders for the sleeplessness.

As far as the remedies are concerned, she received different ones at different times from the various visiting physicians. Since Dr. C. C. Howard has been neurologist, she has been under his immediate supervision. He has prescribed Pulsatilla 200, only one dose, not to be repeated for weeks. The patient has gradually improved. She regained control of her sphincters many months ago. Now she is able to sit up a little each day, and to take a few steps. She has perfect use of her hands.

This trio—cases II, III and IV—of cases of multiple neuritis is interesting from several points. Take the histories of the cases. The majority of our cases here are of alcoholic origin. Cases II and III undoubtedly are. Other poisons sometimes set up neuritis; for example, lead, arsenic, and so on. Multiple neuritis may also accompany or follow any of the various infectious diseases, as typhoid fever, diphtheria, tuberculosis, leprosy, syphilis. I am inclined to put case IV down as being due to syphilis, although the constant use of alcohol in moderation may have had something to do with it, too. Some cases of multiple neuritis appear that cannot be accounted for; these are rare.

The majority of cases recover after a longer or shorter time. Others are deformed more or less permanently. A few run an acute fever and die.

The diagnosis in a typical case is easy. The foot- and wrist-drop are almost pathognomonic. When we get the peculiar lancinating pains, the variations in sensations, and loss of reflexes we have additional evidence. In the premonitary pains that sometimes appear a mistaken diagnosis of rheumatism is often made. A most careful and painstaking examination of each case would often prevent error.

Case V. Is a Chinaman about 50 years of age. He gives a history of pains in the legs and difficulty in walking. Examination shows absence of knee reflexes and ankle clonus. We ask him to stand with the feet together and the eyes closed, Remberg's sign, and he cannot do it. He sways and would fall if he were not supported. He can stand when he can see. Walking shows the characteristic ataxic gait, which is hard to describe in words, but is easy to recognize when once seen.

We ask the patient to fix his gaze on objects at varying distances, and we note that the pupils slowly accommodate themselves to the new focus; muscular accommodation is therefore all right. We now close the eye for a moment, and then suddenly open it and flash this electric light on it. The pupil does not contract. There is, therefore, no reaction to light. This is known as the Argyll-Robertson pupil. A similar experiment on a normal eye shows that the pupil instantly contracts when a bright light is suddenly thrown into it.

The patient's knowledge of English is very limited, so that a detailed history is impossible. This patient has locomotor ataxia. No other disease has combined the Argyll-Robertson pupil and loss of knee-jerk. Gastric crises, severe pains with or without nausea and vomiting, are also symptoms of this disease, and with the other two make the diagnosis absolute. These crises occur at irregular intervals.

More than ninety per cent. of recorded cases of locomotor ataxia follow syphilis. This fact has led some authorities to give syphilis the credit for every case. It should not be forgotten that syphilis may have been present and the patient most strenuously deny it. Or they may have had it and not known it. Careful questioning may bring out some of the symptoms.

Of the symptoms of locomotor ataxia the earliest to call the attention of the patient are usually pains in the legs and difficulty of locomotion. Here again the patients are often treated for rheumatism. I have one private patient who had been treated off and on for twelve years for rheumatism. He has

undoubted locomotor ataxia, and his pains have been due to that.

I know of but one authentic cure in this disease. That was a case reported a few years ago by the late Dr. T. F. Allen. He used Iodide of copper. Careful homœopathic prescribing will do much to relieve symptoms of pain and gastric disturbance. But the tendency is gradually to grow worse, that is, more helpless. Most of the cases die of kidney or bladder trouble, or some intercurrent disease. Rarely do they die of the disease itself.

Case VI. Woman aged 33 years. She evidently is of neurotic family because her father committed suicide. Up to a year ago she enjoyed good health. Then she married a second time. Since then her husband has been out of work most of the time, and she has had a great deal of trouble. She has been dispossessed three times. She is blue and despondent, and weeps easily. She is worried now because her husband has not been to see her. She entered the hospital April 29th.

The nervous symptoms that you see began about a year ago. She found she was unable to do any work that required concentrated mental or physical effort. Then she began to have these nervous twitching motions that you see. The facial muscles, the hands and the feet are constantly moving. She can write after a fashion, but she cannot thread a needle. Co-ordination is lost to a certain extent. The patient has chorea.

Chorea is not very common in adults; besides this patient we have a man of forty-five ill with it down stairs. But usually chorea is a children's disease. In them it is curable: adults are more difficult to help. The cause of chorea is not always evident, although it is supposed to be closely allied to rheumatism. In this patient I believe it to have been brought on by her continued trouble, a potent cause in adults.

Note.—This woman committed suicide on May 8th by jumping from a window of the ward. She struck on her head, fracturing her skull, and died about an hour later, without regaining consciousness.

Case VII. This patient is a single woman, domestic, aged 44. At present she is suffering from an attack of hemiplegia that came on her in the hospital three days ago.

The patient was admitted to the hospital on April 28th suffering from chronic rheumatism, but she was able to be up and about the ward. She has been a drinking woman, drinking very heavily at times during the past twenty years. Has had a leucorrhœa for twenty years and probably syphilis, notwithstanding her denial of venereal history. Has had various diseases of childhood, also erysipelas three times. Her rheumatism has troubled her off and on for years. It was bad for three weeks before entering the hospital. She complained of sharp shooting pains in muscles of thighs and legs, also in the joints, arms and toes. Patient has mitral insufficiency and aortic stenosis. Extremities cold and blue, legs œdematous.

At 11 A. M., May 3d, while sitting, the patient complained of feeling very weak, and became pale. On rising to go to her bed the face became suddenly flushed, lips, mouth and throat, became very dry and parched, respiration rapid, pulse rapid, strong and regular, and the left arm and leg became totally paralyzed. Following this the face became purple and the paralyzed parts cold. Urine and fæces were passed involuntarily.

I saw the patient that afternoon and she reported that she had had similar attacks once or twice some years before. Except at night, on the 6th and 7th, when the patient appeared to be slightly delirious, the mind was perfectly clear. At no time was there loss of speech.

Note.—This patient died May 8th.

The treatment consisted in absolute rest in bed and the administration of Arnica.

The history of cases of hemiplegia is interesting. The symptoms may come on abruptly, as in this case, or they may be hours in developing. Patients may entirely recover, though this is rare. There is usually some evidence of an attack left. Cases may improve very much. The symptoms may persist for years, as has happened in some of these other patients. They have been here for months, some for two and three years, bedridden, and will remain so till death. If the symptoms do not ameliorate in three or four months the case is hopeless so far as improvement is concerned, though patients may live for years. Other cases die in a few days. In my experience it is rare for a case to die without first becoming comatose.

324 West 89th street.

Practice of Medicine.

A DIFFERENTIAL DIAGNOSIS OF GASTRIC ULCERS. GASTRITIS AND GASTRALGIA.

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In the consideration of gastric ulcer, gastritis and gastralgia, it is easy to make an erroneous diagnosis, for in many ways they are similar. "Stomach trouble" covers a multitude of sins, and it is easy to use the term because of our ignorance of accurate diagnosis.

Let us glance at some of the definitions. Gastric ulcer is a solution of continuity of the gastric mucosa and one or more of the gastric coats, characterized by localized pain, circumscribed tenderness and vomiting of blood. Gastritis is an inflammation of the gastric mucosa characterized by an increasing mucus, deficiency of HCl and desquamation of epithelial cells, characterized by distress, eructation of undigested food and sensation of fulness.

Gastralgia is an affection of the sensory nerves of the stomach, characterized by paroxysms of pain, pallor and prostration, and accompanied by no disorders of digestion.

In the differential diagnosis of these maladies too much stress cannot be laid on the anamnesis. We admit its importance in obtaining a picture for our prescription. I would urge its adoption alike for the diagnosis. The history of the case will usually reveal an important cause of the trouble.

Gastric ulcer has a history of disordered digestion dating back a year or more. The patient has noticed that there have been burning and stinging pains at some certain point on the abdominal wall after a rich dinner. This has passed off and has been forgotten, until the next attack. Albuminous foods in moderation have not disagreed. Occasionally there have been, after violent emesis, blood clots or particles resembling coffee grounds. Gastritis has a history of discomfort, usually referred to some particular time, possibly after the Thanksgiving dinner. There was general interruption of the digestive economy. Time passed and the acute symptoms subsided, but there was yet that "weak stomach." Nearly all food disagreed. Meat and eggs, bananas, milk, etc., were enemies to comfort. Toast and tea were resorted to, and gradually the condition grew worse, and there were slight blood streaks in the vomit. The ailment variously diagnosed catarrh of the stomach, dyspepsia, and even cancer.

The gastralgia case has an interesting history. The patient was subject to attacks of gastric pain, which he described as "spell" with his stomach. Suddenly, without regard to the ingestion of food or time of day, he was seized with excruciating pain. He rolled on the floor in agony, cold sweat in beads stood out on his forehead. Finally, relief came. Another attack occurred, increasing in intensity until the patient was in a state of collapse—a wreck.

From a pathological viewpoint gastric ulcer and gastritis differ from gastralgia in that they exhibit organic changes, while the latter is purely functional.

The chemical analysis of the vomit is very necessary, and should be resorted to wherever there be doubt in diagnosis.

Gastric ulcer is found to have increased HCl, diminished mucus and the presence of blood in appreciable quantities.

Gastritis, however, presents an almost opposite condition. The HCl is absent or very greatly diminished, mucus is excessive and there is presence of organic acids and possibly slight traces of blood. Pepsin will likely be diminished if the case be subacute or chronic. Gastralgia presents no alteration in the digestive function.

Continuing, the differentiation in regard to the ingestion of food, gastric ulcer is markedly aggravated by the least food, while in gastritis we find but slight irritation, except that general fulness and feeling of distress and the eructation of sour, undigested food. The bitter taste usually spoken of as acid is due to the presence of organic acids, while the sour or bitter taste from gastric ulcer is due to excessive HCl. Food does not particularly affect the gastralgia case, but there may be eructation or even vomiting of stomach contents during the attack. By means of the test meal we obtain a satisfactory aid in the diagnosis. It is a necessity in every questionable case.

425 Deardorff Building.

TEACHING BACTERIOLOGY.

BY E. M. PERDUE, A. M., M. D., KANSAS CITY, MO.

The bacteriological laboratory is no longer considered an expensive evil in a medical college. It has a more important function than merely to interest visitors. Bacteriology is no longer a fad unworthy the attention of the practitioner of medicine. The laboratory is now the most important room in the college. A practical knowledge of bacteriology is essential in the work and professional equipment of every physician.

Teaching the subject to the prospective physician is the question before us. Contemplation of the magnitude of the undertaking in the time allotted in the college course is appalling. These considerations eliminate the lecture method and the niceties of laboratory technique, and bring us to laboratory work and practical methods.

The teaching of a great number of facts about bacteria does not suffice. The work demands that the student be trained in that exactness of manipulation, detail and technique that will make him an investigator. A mere smattering is of no avail, and only makes the student dangerous, in that he may attempt to do that for which he is not fitted. This exact training can only be given in our colleges by following the most practical methods. Method and self-reliance as to process and results can only be acquired by prosecuting some practical investigation during the college course.

The medical student comes to us from the secondary schools, be they high schools, academies or literary colleges. He is equipped with a mass of general knowledge. He has learned the sciences in a general way. His chemistry has been theoretical and qualitative, his botany, zoology and biology, if he has had them, have been taught by general classification from external characteristics. He has been taught to weigh, to measure, to calculate exactly, to study reagents, reactions, colors and morphology with the eye as well as with instruments. Close and accurate observation have not been a part of his course. The "incompatibles" in this sense are new to him. Development he called "evolution" instead of "differentiation." The necessity of exactness and consecutiveness in laboratory work does not appeal to him. He thinks our exactions in these matters tiresome and hypercritical.

All these ideas are broken up and the student placed in the possession of the proper knowledge by the one process of laboratory demonstration. Select the most practical method, stick to it and repeat it until the students have made it a part of themselves, until it is as much at their command as their right hands. After the first demonstration, in which the class should participate, do not do the work yourself. The teacher who does the work himself is continually robbing his class of thought, practice, experience and incentive to effort. His proper office is to direct the repeated experiments until the class has mastered the method. The practical method once mastered, its variations and refinements are a matter of the student's choice.

Careful attention to excellence of technique is properly begun in histology in the first year. If this work is well done, the sophomores will come to the bacteriological laboratory well equipped. They come anticipating a new and wonderful field. Do not meet them with long, prosey, disappointing lectures, but give them a glimpse into the new field the first

thing. Have the laboratory all ready and teach them the common cover-glass preparation, using for example, a scraping from the top of the tongue, each student using his own. Teach the method just as carefully at this first lesson as you ever expect to give it. Show that this is the method they will most often use in laboratory work and in practice. They will leave the laboratory thinking they have learned something of value the first session and will be eager for more. At these sessions explain the use and care of the high power microscopes, and tell them that the laboratory will not be locked during the hours of school session, that it is open and free to them at all times, that it is the place above all others in which to work out things for themselves.

During the demonstration of a process, give an outline, step by step, on the blackboard. Give reasons for every step. Under the examination of the specimen or mount, give your first object lesson on bacterial morphology. Insist on a mastery of common forms and their names.

Use the same teaching method in demonstrating tests for motility by the "hanging drop" or wet method in staining to demonstrate capsules, and in the use of the Ziehl-Neelson method to demonstrate spores or the bacillus tuberculosis. Take advantage of all clinical material coming to the laboratory to show the practical value of every step. Place the students on their own resource at the earliest possible moment. Let them know that accurate and trustworthy results are expected of them; that when the results of their work are given to patients or the public, they must be of such undoubted character as to import absolute verity.

Appoint special evening sessions, get the whole class together in the laboratory and give each one a part in the preparation of culture media. Simply stand by and direct while they select the various formulæ, prepare, measure and weigh the ingredients, and boil, test, filter and tube the medium. Explain and direct the fractional sterilization. With plenty of culture medium on hand, all the regular class work can be carried out in the study of pathogenic bacteria, following the lines of one of our many excellent text-books, and in addition, all the processes in the culture, isolation and identification of bacteria can be worked out in some form of original research.

Fields for research are always at hand. The public water supply, public sanitation, sewage disposal, the milk suply, epidemics, the city hospital, the dirt on the streets and in public buildings are all fertile fields. Take the city water as an example. Demonstrate the method of plating out in Petri dishes. Require each student to plate out the water from day to day by the cubic centimeter. Demonstrate the count by the Koch method. Keep this up in systematic manner for months, students taking turns. Record all results. Require each student to isolate a number of pure cultures, say, six, record and describe each colony and streak culture. Follow the same method and require similar records of tests for chromogenesis, liquefaction and fermentation. All the processes of straining, tests for motility, and observations as to sporulation can be made on these cultures. New material can be taken and cultivated in an absolute atmosphere of hydrogen to develop anærobic forms. Have the class go through these processes, using their knowledge of chemistry.

When all the tests are made and recorded, and the stained preparations are ready for study, the work of identification can be carried out. Many forms have been differentiated before going this far. The yeasts and molds have been separated from the bacteria, the cocci from the bacilli, the motile from the non-motile. Liquefaction, gas formation, pigmentation, sporulation and sarcina forms further divide the classes. Staining by Gram, coagulation of milk, production of indol and optimum temperature give further tests. Inoculation of small animals is also most important. The manuals for identification can now be used and many species identified, others can be placed in their proper groups.

While the mere ability to identify and classify is a mediocre attainment in botany and zoology, it is of the highest importance in bacteriology as applied to the practice of the physician. Bacteria are the etiological factors in many dangerous maladies, and their ready recognition is one of the most desirable attainments.

At the end of the college session the data accumulated during the year can be arranged for publication. Photographs, photomicrographs and camera lucida drawings of interesting species can be made to illustrate the text. Such material will be found of interest and of great value as data for the use of boards of health, water commissioners and sanitary officers. I have known the work and published report of a class on the water supply and public sanitation of a great city to arouse the public sentiment of the community and attract the attention of the State board of health.

There are two incentives that appeal to the teacher of bacteriology in doing the character of work outlined above.

1. Its value in positive diagnosis.

2. The possible development of a true investigator.

It is conceded that the majority of our students will become general practitioners. Under the other chairs of the college they will be equipped with a knowledge of indications, characteristics, temperaments and symptoms; they will learn how to take the temperature and pulse, to observe the blood flow, the respiration, the heart beat, the condition of the skin, the dilation of the eye, the ameliorations and the aggravations. These with many other things of like nature may give the positive diagnosis and indicate the remedy. But experience teaches us that they often fail where a microscopical examination of the sputum, pus, secretions, excreta or dejecta, the differential blood count or the Widal reaction would be most important aids. In view of this important adjunct in the healing arts the modern physician must be equipped with it even if he goes no further.

Microscopical diagnosis is in its infancy. Homœopathy has produced the greatest scientists in the world of medicine in Materia Medica and the law of cure. It is certainly a laudable ambition that students of our colleges, who go out from our laboratories, take advanced ground and work out

new discoveries that shall be of lasting benefit to the race.

There are some other considerations second in important to those last mentioned. To our standing before the public, in the courts, and in comparison with other schools of medicines, we owe an especial effort along this line. In cases of difficult diagnosis the physician who has personally made all these examinations has a wonderful advantage in regard to treatment, public opinion and as a witness in court. Our students go out from our colleges into other cities and communities. They should be fitted to be leading members of local boards of health, should be able to compel recognition by their very force of learning on questions of public sanitation, quarantine, disinfection, water and milk supplies and pure food. The contagious character of many diseases, their etiological factor, and methods of isolation and prevention are public questions with which our students must be fitted to cope.

Homœopaths are accused of not being "scientific," in that symptomatology is so important in Materia Medica. While this is not true, the accusation should be no longer possible. The armamentarium of our students should be as complete as the best in all respects, in addition to his magnificent equipment in the homœopathic philosophy and Materia Medica.—Mo. Inst. of Hom.

CURED CASES. HOMŒOPATHIC REMEDIES AND NOTHING ELSE.

BY THOS. M. STEWART, M. D., CINCINNATI, O.

A young dental student, a roommate of one of the students of Pulte Medical College, complained of the following troublesome condition, viz., "a sense of fulness, as if a lump were in the throat." There was a small spur on the septum in left meatus, nasal respiration was fair, hearing a little dull, and tinnitus was complained of occasionally. The pharynx and larynx were congested.

The patient had been under treatment for "catarrh of the throat," but very troublesome sense of fulness continued to annoy him, so his homœopathic roommate induced him to try similia.

The general condition of the patient was good, he said: "That the fulness was worse in cold or changeable weather; worse from exertion and lying down; better from cold applications and in open air. Expectoration of small, transparent lumps without much effort. Nevertheless, he had a sudden, convulsive coughing spell every morning; each attack of cough ended in a sneezing paroxysm."

Agaricus 200 was given, a dose night and morning. Two doses only were prescribed. Sac. lac. was given every four hours. In one week he reported much better, and in three weeks he reported himself as cured. He was seen occasionally during the winter, but the throat trouble was always O. K., as he expressed it.

The Santa Cruz Mountains

In the island of Jamaica, West Indies, is spoken of in most favorable terms as a resort for consumptives.

Materia Medica.

AURUM METALLICUM.

BY FRANK KRAFT, M. D., CLEVELAND, O.

Aurum metallicum, the copy set me, nilly willy, by the indefatigable and strenuous chairman of this section, is something with which I have only a little personal experience, either in the crude or attenuated form.

I remember that our talented Dewey discussed a paper on Aurum in the International Homœopathic Congress in London, in 1896, and that his reference to the 16 to 1 fallacy at that time and in that audience fell as flat and profitless as a Russian joke would strike a modern Japanese space writer. But that paper, "Aurum, Its Pathogenesy and Therapeutics," by the ever genial and interesting Washington Epps, of the London Homœopathic Hospital, was a rare production, and I believe the best summation of what is to be found in our Materia Medica upon this auriferous subject; and yet, at the conclusion of eighteen closely printed pages in the Transactions, the distinguished essayist says: "I must confess to some feeling of disappointment that the results of a search, that has taken considerable time, are so small."

This, too, has been my own personal experience after nearly twenty years of practice; and a frequent reading of the symptoms as recorded in our books causes me to believe that there is very little to appeal to the average everyday busy practitioner in the symptoms recorded to help him with in his ordinary cases.

In part proof of this opinion or statement let me quote to you, in brief, what the discussers said of this paper of Dr. Epps's at London; and when we are reminded that here were foregathered representative Homœopaths from all parts of the world, the paucity of remark and suggestion will be the more appreciated.

Dr. Dewey, of America, found among other symptoms that "afraid of the slightest noise" was a characteristic symptom, and this was based on the overlying mental symptom.

Dr. Drzewiecki found that aurum cured an eruption on the body, and also the ectropion of a Jewess.

Dr. Jagielski found poison symptoms in a patient who had the stumps of her teeth filled in and built up with gold.

Dr. Clifton found just the contrary in a patient coming to him from Boston. It did her good.

Dr. Villers remembers cases of poisoning in young medical men from wearing gold nose-glases.

Dr. Kroner has a case of heart trouble in a patient of 78.

And that was all.

If one studies the insane trend until presently he feels that he is hot on the spoor for some excellent symptoms, symptoms that may be safely stowed away against such case falling into his practice, by reading carefully a little further, he finds himself up against a wall of disappointment, in that the symptoms dematerialize completely, or take on a

form to be better and more familiarly dealt with with other and more everyday remedies. Take the syphilitic line and mercury and the iodides loom up high and tall; this is true of the nose, throat, lungs and eye symptoms, so that I feel with Dr. Epps like voicing my disappointment at the poor array of creditable symptoms upon which the make an intelligent prescription.

Let me here interpolate, what most of my colleagues know, that I cannot and do not practice Homœopathy upon any one or two characteristic symptoms. I am 'bleeged to have a totality before I can touch the bottle's cork.

Here and there in Aurum we find alleged characteristc symptoms, which, by frequent iteration and frequent copying from an earlier into a later edition, and putting the symptom in black-faced type, have at length attached some validation to themselves. And upon these some of my friends are able to prescribe and to proclaim their victory. But like the case of the "quadruped" births, or the two-tailed calf, these cures almost invariably happen over in the next county where I have never had an opportunity to investigate their essential truthfulness, or, as in some recent reports made, the author has such a deplorable reputation for truth and veracity in the community in which he lives and moves and has his being, that I wouldn't trust him any further than I could sling a meeting house by the steeple.

You see, of course, that I am astride of my usual hobby-horse, the not-prescribing upon one or two symptoms however characteristic they may seem, but the rather adhering to the Hahnemannian dictum of prescribing upon the whole case, the totality of the symptoms.

The old school has at length discovered that there is some medicinal virtue in gold, notably in the gold cure. We find a number of remedies hawked in the open chemical market containing varying proportions of gold, and from which commercial companies we are each month in receipt of a hatful of blotters or penholders or inexhaustible pencils. But with these much vaunted remedies, as with all their other preparations, I am unable to find use for them unless I assume the allopathic symptomatology and go it blind.

I have not undertaken to write a thesis on Aurum just because I happen not to know anything about it, but in what I have to say I promise not to tire you, and possibly you may be able to glean a point or two which may repay you for your kindness and forbearance. I will plump myself upon the one and the only one of its many hundred reported symptoms that has ever served me, that of mentality, and leave all the others and singular for the discussers if they feel minded to take them up.

I quote now from the Epps paper:

The first effect of Aurum would appear to be that of exaltation, "serene, contented mood, he always wishes to converse with others;" "considerable merriment and agreeable, comfortable feeling;" "tremulous quivering of the nerves as with a joyous hope," etc. This soon gives place to an exactly opposite condition, that of abject despair, as shown by such symptoms as "Dispirited and desponding;" he thinks that everything goes awkwardly with him, and nothing will succeed with him;" "discouraged and at odds with himself;" "crying and wailing, she thinks that she is irretrievably lost;" "anxiousness even a noise before the door makes him anxious." These symptoms of depression become more and more intense until they become so overpowering that he becomes suicidal. "Melancholy, he imagines that he is not fitted for the world; he, therefore, longs for death, of which he thinks with the most intense delight." With this the great restlessness in the day, with sleeplessness and palpitation at night, nearly always present in persons with musical tendencies. This condition is shown in "He is driven to constant activity, and is sorry for his inaction, although he cannot do anything, he cannot work fast enough, he could not act so as to satisfy himself." Under sleep we have "Drowsiness during the day;" "slumberous sleep, with weakness of the head, when sitting during the day;" "all night long wide awake and without sleep, though without pains, and in the morning he still was not sleepy or exhausted;" "early from four o'clock onward, he cannot sleep soundly any more; he throws himself uneasily from side to side, because he cannot remain long in any one position, and the hand on which he lies soon gets tired." When at last he falls asleep he is disturbed with vivid or frightful dreams, in which he sobs or screams aloud.

This is the end of the quotation.

I will mention now my one Aurum case which I remember so distinctly, because it was in my earlier practice when I had both time and inclination to study and philosophize on such few cases as came to me. A lady of 25 to 30 years of age, married, in good circumstances, without children, healthy in body and mind, so far as outward appearances went, came to me complaining of headaches beginning in the morning, which felt like a bruised pain when studying or reflecting or reasoning or trying to make plans, and most especially when she was writing or talking. Those headaches, however, disappeared little by little when she gave over whatever mental work she was engaged in, and would be wholly gone by seven o'clock of the evening. There was a history of sleeplessness but no pain. I was a far more faithful prescriber, as I believed, in those earlier days than I fear I am today. I was pretty thoroughly wedded to the medical calculus, i. e., the mathematical repertory, with frequent ponderings over the unthinkable hypothesis which had been unloaded on me by enthusiastic but chiefly theoretical teachers and voluminous space writers (as I have since learned). I was in that delectable condition and frame of mind, when if the summing up an hour's running down of half a dozen symptoms showed that calcarea carbonica had 61 points and claporrhinum had 62, I would most assuredly have given the clapporrhinum, and high, in the full expectation that the patient would now get well, cito tuto et jocunde.

Well, I found after some careful studying of the headache symptoms, that Nux and Bryonia—for Bryonia was my bete noir even in those salad days, and Pulsatilla ran high, Silicea also came into the picture over the fence from on oblique angle, but

none of these, nor all of them, given singly and well potentized, administered high and low—as low as the thousandth—proved of any signal avail.

One night, about ten o'clock, I was hastily summoned to see the lady. I found that she had thrown herself before a fast moving train, and had been barely rescued in time to save being ground into a shapeless and lifeless mass. Now, this was a most disagreeable revelation to me, a shattering blow to my vanity of correct prescription. What was there about these headaches that would lead to suicide, and why had I not discovered the trend? Was Homœopathy a failure after all? Surely I had worked hard and conscientiously on this case, yet here was this pitiful failure to reach the case.

However, I began again with the examination and learned, bit by bit, that she had grown melancholy because of her barrenness; she had lain awake many nights thinking of it; she fancied that John didn't like her as he used to do formerly (foolish girl, as if all Johns the world over were not equally lacking in front-gate and moonlight spooning after a twelve month or two); that he was growing cool, and that sometimes he neglected to kiss her when he went away in the mornings; she knew he was getting tired of her; she was no longer the young and pretty girl which had attracted him; soon he would find someone else more young and more after his later taste; he must be getting tired of this burden at his house, this woman who was merely an item of expense, who could do nothing for him, not even bear him a child, and so the headaches began to come on apace, and with that came the brooding, each intensifying the other; after that came "the voice" condemning her as a pariah, an outcast from God's presence and favor, who, because of her many iniquities, would cause her to continue childless, and so ultimately lose her husband's rapidly waning respect.

I had no Aurum with me, but I got some pretty quick, for I now remembered the insane symptom, and I also learned something from the husband which gave color to my belief—this time without the aid of the yardstick repertory—that Aurum would help if it did not cure. And it did. This woman is now the mother of a 16 year old boy and two girls, respectively, 14 and 11.

And yet Arndt, in a recent number of his Pacific Coast Journal of Homœopathy, said that the Aurum suicidal tendency is a mere bluff; that these people are too cowardly to take their lives. In this case it was an actual and cleverly planned endeavor to shuffle off this mortal coil, and nothing but a providential interposition, if you believe in that, or the accidental rewalking of the track by the trackwalker saved her from being ground into an unrecognizable mass. It reminded me then, and it does to this day, when I recall the circumstances in all its tragic possibilities, of the crowning scene of the old play "Under the Gas Light," which some of you other baldheads and greybeards may remember.

Are we to argue from this one swallow that it was a full-blown spring? Are we safe to assume that all suicidal talk points to Aurum? By no means. This is what I conclude, that if I had taken the full case and studied it independently of the fool algebraic repertory, that is to say, if I had found all the symptoms of the case and deliberated and weighed them in their relation each to all the others, instead of running down a headache which had no relation to anything else, I might have found the remedy. I certainly found the remedy easily enough after the fact, illustrating again the wonderful speech a fellow could have made if only the blamed things which occurred to him on the staircase afterward had popped into his head at the time of speaking.

I am almost done. Bear with me a few minutes longer while I indulge in a bit of personal opinion relative to the acquisition of our remedies. I try to fix in my mind, as I study the Materia Medica, some practical everyday factor of the remedy in hand in order the more easily to hold it ready for a hasty call. My memory was never of the tar bucket order, and it is getting less and less retentive as I approach the end of life's activities. Gold, to me, in medicine is indicative of gold in the crude. The getting of it in that crude, if legitimate, brings pleasure and happiness up to a certain point, after that it becomes a disease. The foolish chase after gold, as a something to hoard, results in morbidness, in disease, and possibly early destruction of mind as well as heart. I have not attained to that assumed elysium myself; but imagine, if you can, the horror of owning two hundred million dollars with nothing to wear but clothes, nothing to eat but food—unless fifteen cents worth of Force and a gluten biscuit is the menu—no books to read, because without object or pith, nowhere to go because you have been there a dozen times, not money enough, nevertheless, to buy one hair for your body, and if the money was not gained by masterful and tactful application of the thumbscrews to the trust-ground populace, but somes by inheritance from some fud dealing ancestor, or the ferry-boat owner, to children who have nothing to do but devise newer and more dangerous fashions of inciting their blase appetites, how long would it take, think you, before Aurum would be indicated? We always think what a good time we would have if we have several million dollars in our bank account; and, still, when we come to simmer it down, the "good time" would be based almost wholly and solely upon feeding the appetites and passions of the body to a dangerous excess, for we already have everything else in normal quantities.

The one word, therefore, which to me would typify this remedy is the French word ennui. But please do not jump to the conclusion that there is nothing in Aurum except this, for that wouldn't be true. There is much more to the remedy; it has been my misfortune that I am unable to apply it. That's all. I would put it in this way, it being eminently proper for the inhibitor of a parish practice to conclude his sermonette with a glowing moral application: If you have a rich young man of either sex who has been pampered and coddled and given everything the world possesses before he or she was twenty-five years old, who has hit the booze bottle not wisely but far too strenuously, and then comes to you with some genital disease, mild or grave, and a fearfully depressed mind, look well to your Aurum.

Obstetrics.

OBSERVATIONS IN OBSTETRICS.

BY H. C. KEHOE, M. D., FLEMMINGSBURG, KY.

As soon as child is born and carefully turned over to the nurse, use gentle traction on placental cord and assist in the removal at once. Take no chances on hour-glass contractions and adherent placenta (supposed). Do not leave patient for one hour after delivery of child, and not then unless the womb is "bunched" or contracted.

Nine-tenths of confinement cases occur after midnight. Plethoric women suffer most with inertia. These are especially Gelsemium cases. I use the 6x.

Tying the cord is important. Leave two inches. Never take the nurse's word for proper application of bandage, but do it yourself. Discard burnt rags and other forms of witchery. Slightly oil the upper border and properly fold it. Good authority says not cut the cord till pulsations cease after the infant cries.

Examine infant carefully as to all openings of the body. Do not overlook these strong points which are of such vital importance to the well-being of the genus homo or fille de grace.

In my town, during the last year, a child was born with six milk teeth. Unfortunately this child only lived a day, being one of twins born prematurely (eighth month) after mother had fallen; and one child born dead. Another case in history is that of Henry VIII., who was born with four milk teeth and grey matter sufficient to make his impress upon the world for all time to come.

Forcing the pains in lying-in women is not good, and too frequent examinations is meddlesome midwifery. All of this is now, I hope, confined to the younger element of the profession, and they will learn better in the school of experience.

Routine practice is sometimes followed by physicians, and a teaspoonful of Ergot is given to "bunch the womb" irrespective of conditions. Why not wait thirty miutes and possibly not give it at all. Its powerful action retards the passing of clots, and these tend to set up septic conditions. Have mother get up to use the vessel, and nature will relieve her of the retained clots, and thus relieve after-pains.

Use Arnica cloths wrung out of hot water frequently repeated where there is continuity of tissue. Twenty-four hours is sufficient to relieve all soreness.

A ruptured perineum should be repaired at once, as the tissues are yet paralyzed and wound is thus closed before lochial discharges can affect the parts. Always examine the mother as to tears and injuries, and protect the floor of vaigna, and thus prevent the inroads of a long train of ills thus often induced by carelessness of attending physicians or ignorant midwives.

When you have opportunity to book your case, see that the nipples are properly treated before confinement.

If lochia becomes suppressed think of Phytolacca at once, and for caked breasts this is the best lance.

Keep the parturient abed for three weeks after confinement and listen to no entreaties. This is at least the shortest time in which nature can aid recovery sufficient to avoid complications of the future, such as prolapsed womb, malposition, etc.

There are a legion of things taught in text-books which never materialize in practice, and likewise many things not in books which are stubborn facts in the sick room.

Give chloroform in the last stage of a severe labor and you will rest the mother and win the encomiums of attendant and friends, who have been anxious and waiting.

There is nothing which so strongly grows in favor in general practice as good attention and proper service as the attending accoucheur. If you are able to deliver the children in a satisfactory manner, you will gain the confidence of the mother and become "it" as the family physician.

Do not be too anxious to pull your forceps, your dexterity as a surgeon can best be demonstrated aside from this field of operation. Of course, you can make the mother believe that it will be necessary to use the forceps, but I find great injury is done in this way, and a retarded delivery is much to be preferred to instrumental haste.

After child is born, if it be a boy, declare the fact at once, but if a girl be silent, and you will find it golden, unless you have heard the mother say she wanted a girl.

You will be asked: "What shall I eat?" After twenty-four hours tell her to eat anything she wants except cabbage.

The child should be put to breast within three hours after birth, and always recommend that the mother nurse the child, as it is highly beneficial to the mother and a godsend for the child.

The thoughts suggested in this paper are few and noted at odd times during the past few days, as I promised to send a subject in conformity with title given, and I have simply jotted them down as they came to me, and I offer them without apology.

Ophthalmology.

VERNAL CATARRH.*

BY H. W. DICKINSON, M. D., DAYTON, O.

The amount of benefit derived by the members of a society from a paper depends upon the following conditions:

First, the importance of the subject; second, the ability of the essayist to convey his ideas and to properly and intelligently portray the symptoms and treatment from his own personal knowledge and experience; third, the amount of interest displayed by the members. There must be unison between the ability to impart and the desire to receive.

Vernal catarrh, or more properly speaking, vernal conjunctivitis, is a disease, which, unlike the poor,

*Read before the Miami Valley Homœopathic Medical Society held at Cincinnati, May 3, 1904.

we do not always have with us; in fact, it is an extremely uncommon trouble, and on this account is very likely to be mistaken for one of several diseases that it simulates, particularly in the first few weeks of its existence. Its name, vernal, as you know, means spring, properly named because it attacks the patient in the early spring months. I say properly named. It is only properly named in so far as it applies to the time of its appearance. It is not a catarrh according to the most recent authorities.

Arlt describes it as a peculiar form of conjunctivitis; Desmarres mentions it under the title of hypertrophic perikeratique; Von Graefe as gelatinous thickening of the limbus, and Hirschberg as phalyctena palleda.

To recognize a case of vernal catarrh in the early spring will demand considerable care upon your part, for it is not until later in the season that the characteristic symptoms develop. You will be compelled to differentiate between it and hay fever, conjunctivitis lymphatica and papillary trachoma. You will observe, as I describe the symptoms, that it would be an easy matter to mistake it for any of the above named diseases.

If we see a case in early June, and upon everting the upper lid, find the conjunctiva tarsi covered with papillæ, broad and flattened so as to make the conjpnctiva appear like a rough, irregular street pavement, you might without further investigation, consider that you had a case of papillary trachoma.

Growths arising from the outer and inners side of the cornea might lead us to mistake it for conjunctivitis lymphatica. If the patient informs you that the disease has occurred on or about the same day of the month each year and disappears upon the approach of cold weather, you may mistake it for hay fever; particularly if you live in a climate where hay fever is prevalent; therefore, a careful review of the symptoms and the comparison between them and the diseases that simulate it will not be amiss, as this is just the time of year that it begins to make its appearance.

The patient is presented to you generally in May or early June, and is usually between the ages of seven and sixteen. Infants and adults seldom have vernal catarrh, yet cases are on record where both have been afflicted with this disease; all cases that I have seen (they have been few, however) have been males, and I find upon looking up the history of the disease that a very large percentage of the cases occur in the male sex.

The cause of the disease is still an unsettled question; I think, however, that it depends upon a peculiar sort of micro-organism for which bacteriologists as yet have looked in vain.

Let me present a case to you that has been under my care for two years, and which had been treated the summer previous for hay fever.

Clarence H. was brought to me by his mother on the 16th of May, 1902. The mother informed me that he had been treated the summer previous without relief, but upon the approach of cold weather the symptoms disappeared, but now it was beginning again.

Everting the upper lid I found the conjunctiva tarsi covered with papilla, which were broad and flattened, conjunctiva bulbi congested more so at the limbus of the cornea, intense itching and smarting with photophobia and lachrymation.

Examination of the air passages revealed nothing unusual. The mother said that during rainy weather or when it became cool the symptoms would abate, but at no time was he able to attend school between the months of May and November.

The papilla upon the tarsal conjunctiva was hard, and seemed to consist of a sort of areola connective tissue; the epithelium covering the papilla was thickened. These, briefly, were the symptoms up to this time. Here I had to distinguish between papillary trachoma and hay fever, of which we had marked symptoms.

We know that in hay fever there is a return of the symptoms upon the approach of warm weather, but we do not have the papilla upon the tarsal conjunctiva, nor do we have that very characteristic color covering the papillary outgrowth, which consists of a bluish white color as though milk had been poured over it; the objective symptoms were identical to hay fever save the papilla upon the tarsal conjunctiva. So much for hay fever and vernal catarrh in this case. Still I was in doubt and prescribed adrenaline chloride, one to one thousand drachms; normal salt solution, drachms two, one drop in each eye every two hours. I told the mother to report to me in two days.

Did not see the case again until the 25th of May, which was nine days after the first visit. The symptoms at this time were intensified, and I noticed small growths upon the cornea, both upon the inner and outer side near the limbus, of a brownish color, uneven, hard, nodular and of a gelatinous appearance.

These growths or nodules extended into the transparent cornea for a short distance, and upon first glance I thought I had a phlyctenula conjunctivitis or keratitis, but closer observation revealed the brownish color of the nodules, which set my mind at rest or unrest, and the vulgar phrase ran through my mind, "What am I up against?" Here I had symptoms of trachoma, hay fever and conjunctivitis lymphatica.

I then gave the mother the following prescription to allay as much as possible the smarting, itching sensation which he complained of so bitterly:

Cocaine, 3 per cent.
Boracic acid, grs. 10 to the oz.

One drop in the eyes every three hours. And requested the mother to bring the boy back in three days.

In the meantime I compared the symptoms of hay fever, conjunctivitis lymphatica, trachoma and vernal catarrh, and was able to complete the picture of the trouble under consideration.

When I pointed out to the mother the brown nodules that extended partly into the transparent cornea and still farther into the conjunctiva, she remarked that they had been there the summer before but had disappeared during the winter.

The return in the early spring and lasting until late fall without the mucous membranes of the respiratory organs being involved led me to discard

hay fever; the peculiar milky color covering the papilla, and the perfect relief during the winter, caused me to throw off trachoma; from conjunctivitis lymphatica by the unchangeable character of the nodules even during a long period of observation the year before.

To sum up the case, as the attorney would say, the following symptoms are diagnostic: Papilla upon the conjunctiva tarsi, which are broad and flattened, covered with a bluish white coating, brown nodules that extend into the transparent cornea and conjunctiva, the uniform time of attack and recurrence each year, with the relief upon the approach of cold weather, intense smarting, itching photophobia and lachrymation.

Treatment: Following the analogy offered by trachoma, some have tried to make the growth of the conjunctiva disappear by cauterizing with the copper stick daily, a treatment I cannot recommend. I have used a three per cent. boracic acid and the inunction of a one per cent. white precipitate as recommended by Arlt, with but slight relief. You may find that a four per cent. salicylic acid in lanoline rubbed into the conjunctiva daily after securing local anæsthesia with cocaine will relieve the patient to a certain extent. I find the most relief for the smarting and burning in dilute acetic acid, one part acid to 300 parts water, one drop in eye not oftener than every three hours.

The progress as to ultimate recovery is good, but the time required to accomplish this is not to be foretold. There is a great liability for the recurrence of the trouble year after year for several years.

The above treatment faithfully applied will keep the patient comparatively comfortable and ultimately cure the case.

Societies.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Announcement.

You are cordially invited by the Lehigh Valley Homœopathic Medical Soicety to attend the fortieth annual meeting to be held in Easton, September 20th, 21st and 22d. A program replete with good things and the interest manifested by the profession throughout the State promise to make this meeting a banner one; while the local society, enthusiastically backed by their friends, hope to make your visit one long to be remembered with pleasure.

Easton, set among the hills at the "Forks of the Delaware," affords you entertainment which is of the best. The United States Hotel, one of the best inland hostelries of the State, will be our headquarters. Paxinosa Inn, the famous resort on Weygadt mountain, is only two miles from the center of the city. But lately our hotel accommodations have been augmented by the addition of a beautiful new house—the Huntington—located in the heart of the city. Other good hotels are the Franklin, Central and Gerver House, all within a short distance of our headquarters. Five leading railway systems and nearly as many trolley roads make Easton easily accessible from all directions.

Your social pleasures will surely be carefully attended to, as plans already laid provide for several special attractions every day. So let yourself be induced to come early and be prepared to stay until the last minute. Every society member's wife and daughter is, in particular, invited to come and enjoy the hospitality of the ladies of Easton, who will, we feel sure, give the visitors a royally good time.

However, recognizing the object of our meeting, special endeavor will be made to avoid conflict between society meetings and social pleasures so far as active members are concerned.

As the growth of Homœopathy depends to a great extent upon the growth of its societies, you should attend, and, still better, bring the name of a new member. You owe it, doctor, as a duty to yourself, to your patients and to the profession to come, to learn of the advances made, to exchange views that you may do that which is best for your patients.

Come and give us a chance to redeem our promises that this will be the best meeting ever held by the State Society.

The Lehigh Valley Homœopathic Medical Society.

BOOK REVIEWS.

Appleton's Medical Dictionary.

D. Appleton & Co., New York, 1904. $10.00, half leather; thumb-indexed, $11.00.

This magnificent volume contains 2,000 pages, and its special merit is its accuracy. It is not a compilation but the result of independent research. It is undoubtedly the most complete, comprehensive and up-to-date one volume medical dictionary ever published.

The anatomical articles on fever and on surgical operations are especially full. A pronouncing list of proper names at the end of the volume adds much to its value, for no other medical dictionary has it. Our students should investigate this book; to investigate is to buy.

Tuberculosis and Acute General Miliary Tuberculosis.

By Dr. G. Cornet, of Berlin. Edited, with additions, by Walter B. James, M. D., Professor of the Practice of Medicine in the College of Physicians and Surgeons (Columbia University), New York. Handsome octavo volume of 806 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $5.00, net; half morocco, $6.00, net.

This is the seventh volume to be issued in Saunders's American Edition of Nothnagel's Practice, and the remaining four volumes are in active preparation for early publication.

The American edition of Professor Cornet's exhaustive work appears at a time when the subject of tuberculosis has a peculiar claim upon the attention of mankind. Within a few years both professional and general public interest in the disease has taken enormous strides. In almost every civilized community societies for the prevention of tuberculosis are being organized, and these are composed not only of physicians but of laymen, while governments

themselves are taking an active part in the movement. Under these circumstances, and at this time, the work is of interest to practitioners, for there is no other treatise which gives an equally clear and comprehensive view of this subject.

The Article on Acute General Miliary Tuberculosis has been admirably written and gives a thoroughly clear understanding of this disease.

The importance of the Chemistry of the Tubercle Bacillus and its bearing upon Immunity have warranted a thorough treatment of this subjcet.

The work is complete and logically arranged, and the editor has made additions where necessary to bring it down to date.

The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis.

By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs Memorial X-Ray Laboratory of the University and Bellevue Hospital Medical College, New York. Second edition, thoroughly revised and enlarged. Handsome octavo volume of 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00, net; sheep or half morocco, $6.00, net.

This excellent work has attained the distinction of two large editions in one year—a proof not only that such a work was needed, but also of the book's practical value. The vast amount of literature accumulated during the past year has been very carefully digested, and the latest knowledge and advancements incorporated. A practical feature of the work lies in the fact that nearly all the illustrations represent actual clinical subjects, showing the benefits of the X-rays at various stages of their application. The chapters by Caldwell give full details regarding the use and management of the apparatus, the text being fully illustrated with many photographs and drawings, including four full-page colored plates. The second edition has been brought strictly down to date, especially the case histories cited; and by the addition of much new matter and a number of new illustrations, the usefulness of the work has been greatly extended. It is the latest and best book on this subject.

A Text-Book of Pathology.

By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Pathologist to the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 818 pages, with 350 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00, net; sheep or half morocco, $6.00, net.

It was with anticipations of much pleasure and interest that the reviewer began reading Dr. McFarland's work on Pathology, and he can truthfully say that his greatest expectations were more than fulfilled. The book is excellent—excellent as regards both text and illustrations. Of the latter there are a number of beautiful ones in colors, printed directly in the text. Dr. McFarland's thirteen years' experience as a teacher of this subject, besides his extensive personal research in the laboratory, has fitted him most admirably to write a text-book on pathology, and this superb forelying work is all that any one—student or practitioner—could desire. Unlike most works on pathology, the subject is treated, not from the professor's point of view, but from that of the student, the many difficult theories of the science being explained in clear, concise language. Quite a few works on pathology have come to the reviewer's desk within the last few years, but none has reached the standard of excellence held by Dr. McFarland's work.

Physician Versus Bacteriologist.

By Professor Dr. O. Rosenbach. Authorized translation from the German by Achilles Rose, M. D. Funk & Wagnalls Co., 1904. 12mo., cloth, pp. xiv., 462.

This important book, in which the author aims to place medicine on the rational basis whence, it is declared, bacteriological aberrations have been endeavoring to banish it, is an authorized translation from the German by Dr. Achilles Rose. The translator gives as his reason for presenting the book to his English-speaking colleagues, that they "may learn what an independent and original investigator has said on the great problems of medicine today, and what he has written to restore the rights and re-establish the position of the general practitioner, which have been encroached upon by a morbid proliferation of specialism and a one-sided organotherapy." Dr. Rosenbach, as his translator points out, fully appreciates the value of bacteriology as a biological science, and is well aware what surprising information and important methods are to be found in its study, but he aims to overthrow the fallacious conclusions that have been established, that all infectious diseases are caused by bacteria, and that all diseases in which so-called specific bacteria are found are infectious diseases. The thorough and comprehensive manner in which the author has examined and discussed his subject cannot fail to be of very great interest, if not enlightenment, to the medical profession.

A Text-Book of Alkaloidal Therapeutics.

Being a condensation of all available literature on the subject of active principles. By W. T. Waugh, M. D., and W. C. Abbott, M. D., with the collaboration of E. M. Epstein, M. D. Chicago. The Clinic Publishing Co., 1904. Price, cloth, $5.00.

This book enters a field which has heretofore received too little attention in medical literature, but one which deserves the most careful cultivation in view of the constantly increasing number of physicians who are using the alkaloids and active principles in their practice. The alkaloidal idea is "in the saddle," and its adherents, now counted by the thousands, are creating a rich literature, which it is the aim of this book to collect in a form for practical application. About 150 different remedies are discussed, and among these are all the important alkaloids and also the concentrations, resinoids and other preparations which may conveniently be included under the general title of "active principles." It has been the aim of the authors to give concerning these remedies all the information available that

would be likely to be of interest or help to the general practician.

In it the homœopathic physician will find many useful hints which will broaden his knowledge of the homœopathic remedies. It is a necessity in his library.

Von Bergmann's Surgery.

A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin; P. von Bruns, of Tubingen, and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professory of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. Per volume, net, cloth, $6.00; leather, $7.00; half morocco, $8.50. Volume IV. just ready. 757 pages, 345 engravings, 16 plates. Lea Brothers & Co., publishers. Philadelphia and New York, 1904.

All those who have use for a thorough exposition of the best surgery of two continents can find it in von Bergmann's great work, now rendered available for readers of English by Dr. William T. Bull, of New York. In his editorial preface he well says that it is encyclopædic, and that many of its chapters exceed in scope and detail special treatises which have been published on their subjects. Still more interesting is his statement that the great value of the work lies in its practical and clinical character. This is supported by an abundance of pathological data, details of original research, and statistical facts, rendering the work of inestimable value to the student, the surgeon and the general practitioner. These five volumes in themselves will constitute a complete working library on surgery. The fourth has just appeared. It covers the immensely important subject of the whole alimentary tract, including Hernia. The regional and systemic division of subjects into volumes adopted for this work simplifies and facilitates consultation. Within a few months the fifth and final volume will appear. The publication of a work of 4,000 pages, with 1,600 engravings and 110 colored plates, in less than a year is characteristic of the methods and demands of this country. Due care has nevertheless been bestowed upon every detail of editing and manufacture; in fact, the American edition is far richer in engravings and plates than is its German prototype. The special features wherein American surgery differs from that practised in Europe are fully reflected, so that the work is thoroughly adapted to the requirements of this continent.

Radiotherapy, Phototherapy and High Frequency Currents

The Medical and Surgical Applications of Radiology in Diagnosis and Treatment. By Charles Warrenne Allen, M. D., Professor of Dermatology in the New York Post-Graduate Medical School. Octavo, 618 pages, 131 engravings and 27 plates. Cloth, $4.50, net. Lea Brothers & Co., Publishers, Philadelphia and Ne wYork.

Recent discoveries in radiant energy have developed a new and important system of therapy. In fact, such positive results have already been achieved in maladies which were hitherto considered intractable, as to warrant the recognition of Radiotherapy as a very efficient addition to the resources of the profession. Dr. Allen's work is peculiarly opportune. It is based upon practical experience, as well as upon a careful review of the great mass of literature on the subject coming from almost all quarters of the globe. Naturally, in a science so new, much faulty observation has been encountered, and in this volume no effort has been spared to eliminate the errors and to present the subject correctly and abreast of its position today. Ample information is given upon the physical as well as the technical side, to equip the reader for the selection and management of appliances. The ojbect of the work is always practical, and it has been the earnest endeavor of the author to enable his readers to secure for their patients prompt and permanent benefit. Accordingly, much attention is given to questions of diagnosis and treatment, and, inasmuch as such powerful forces as are treated of in this volume may do harm if improperly applied, cautionary directions are carefully given and exact instructions for the determination and measurement of dosage.

When you have examined this volume we shall be pleased the author has by no means lost sight of the demands of undergraduate students, and his long teaching experience has enabled him to produce a work which is admirably adapted to teaching purposes.

Dynamic Medicine.

The small doses of Homœopathy have always excited the ridicule of the materialistic school. To a mind infected with the false idea that medicines cure disease by acting as antiseptics, solvents mechanically dispensing or expelling agents, blood purifiers, etc., it seems incredible that minute doses could have any effect. But the whole trend of modern teaching is toward the dynamic action of medicine. Read this extract from Sajous's "Principles of Medicine," a large work of three volumes recently published:

"And yet, if our views are sound, we are no longer dealing with the entire body as the basis of our estimates concerning the physiological action of drugs, but with a single organ; the anterior pituitary body. To this organ, no larger than a pea, and its functional fluctuations, must now be ascribed a long list of general phenomena which we have all been taught to ascribe to the direct action of our remedies upon the blood and the tissues at large." (Vol. I, page 626.)—McConkey.

Deep Breathing in Hepatic Disorders.

Dr. Glaser, of Muri, France, recommends deep breathing as a means of encouraging the activity of the liver. He declares that exercise in the open air with repeated breathing improves the function of all the abdominal organs, and especially the activity of the liver. The circulation of the blood is improved, and by the deep respiratory movements, the formation of bile by the liver is encouraged, and the bile secretion becomes normal in character. The patient's dietary is very restricted at the beginning of the treatment. Prolonged water baths, and especially saline or effervescent baths, are also very helpful.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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SEPTEMBER 1, 1904.

Editorial.

PHYSICIAN VERSUS BACTERIOLOGIST.

In our book review department we have called brief attention to a work under the above title.

There is so much in the volume that is deserving of a wide reading that we purpose calling the attention of our readers to certain of its features. It deals with what might be termed the overgrowth of bacteriology, and is a protest against the over zealous enthusiasm of bacteriologists who are causing by their labors a veritable usurpation of the realms of etiology, pathology and therapy.

As a biological science bacteriology should be taught and upheld. It is capable of an extensive development. The eagerness of bacteriologists to transfer decisions from the bedside to the laboratory, thereby making an artificial scheme of all etiology, diagnosis, therapy and prophylasis, is one that has greatly injured the standing of the medical practitioner of the old school, and while not so deeply affecting our own physicians, there is some danger that it may do so. There is a bit of humor in the author's referring to the "beware of the patient" teachings of the bacteriologist that has its serious side.

The author maintains, and we think the majority of the physicians of the homœopathic school will agree with him, that bacteria are not the cause of any disease, that the disease is already there before the germs make their appearance, that is, there is dynamic—and he makes use of the word—disturbance of what Hahnemann has so well termed the vital force. In other words, it is the patient first, and so in the treatment the patient should be the first consideration and not the germ. The shifting sands of old school pathology and as a consequence of the therapy is presented in a manner that will make instructive and amusing reading to any homœopathic physician.

That orthodox bacteriologists, or what the author terms "nothing but bacteriologists," would banish the bedside physician and resolve hygiene into a skillful manipulaton of disinfectants.

We of the homœopathic school, who have practiced medicine successfully in all epidemic diseases long before the bacteriological era and ever since, know that the lauded methods and all the "anti" preparations advocated by the enthusiasts have not bettered our successes nor made our failures less failures. We know, too, that a thorough knowledge of our Materia Medica will do more for our patients than any other method of therapy known.

We are glad to see this protest; it is timely and learned, and one that will command respect, and we hope will serve to call a halt in compulsory inoculations for any disease. The consequences of the absolute supremacy of bacteriology is courageously pointed out, and should be read carefully by every member of the homœopathic school.

There is good homœopathic teaching in the author's assertion, "A specific remedy against all individual cases of a certain disease does not exist in any instance." A death blow is here dealt to Quinine in malaria, Mercury in syphilis. The homœopathicity of Koch's lymph is practically admitted, for the "New axiom hitherto known only in Homœopathy, similia similibus curantur" is spoken of.

It will furnish us for our discussions with our antagonists weapons forged by their own artisans.

THE CURRENT NUMBER.

The present issue of the Medical Century contains articles of a very high order. First on the list is the able paper of R. S. Copeland, of Ann Arbor, presented at the recent meeting of the American Institute of Homœopathy, at Niagara Falls. It was a paper that brought forth the highest praise from all who heard it on account of its high scientific merit and the deep research it showed. There is no fear for the future of Homœopathy when such papers form a part of its literature. The doctor's arraignment of the tablet triturate is one that will appeal to the thinking part of our school. There can be no doubt but that his deductions are correct, and that better success is to be had by the use of dilutions. The entire paper will repay a careful reading.

The papers on Neurology in this issue are also of a high order; indeed, the Medical Century takes a just pride in presenting its readers with such a program; each issue is in reality a veritable homœopathic medical society.

General Hot Bath.

Severe internal pain is best relieved by a general hot bath, which, drawing the blood to the surface, often affords complete relief in severe pains due to gall-stones, gastritis, enteritis, and other visceral affections in which pain is present.

EDITORIAL BREVITIES.

Dr. A. P. Williamson Goes to Southern California Asylum.

Dr. A. P. Williamson, one of the best known alienists of our school, has accepted the position of medical superintendent of the Southern California Hospital for the Insane at Patton, near Redlands, California. He has just returned from an investigation of the hospital and will go back with his family to take charge September 1st.

Unsolicited positions have frequently been offered Dr. Williamson, which he has consistently refused, including the last. Such pressure was brought to bear, however, that Dr. Williamson will return to his specialty after twelve years' private practice in Minneapolis, which followed sixteen years' general and insane hospital work.

As a member of the medical fraternity, Dr. Williamson has been active in the State, county and city medical societies, holding office in all of them. He was dean of the homœopathic college of medicine at the University of Minnesota from 1893 to 1903, when he resigned. He is now neurologist at the city hospital, also secretary of the advisory commission for the establishment of a Minnesota sanatorium for consumptives.

Dr. Williamson's career as a specialist has been one of rapid advancement. In 1876 he graduated from Hahnemann Medical College at Philadelphia. For a year he was interne at the Ward's Island General Hospital, New York City, and for the next year held the first assistant position at the Middletown, N. Y., Hospital for the Insane. The year of 1878-1879 the doctor spent in Europe visiting all the hospitals for the insane in Germany and England and many in France. On his return he became special pathologist at the Middletown Hospital. In 1880 he was appointed chief of staff, or medical superintendent, of Ward's Island Hospital, where he remained more than three years. It was the editor's pleasure to serve under him. He then returned to the Middletown Hospital, where, as first assissant physician until 1890, his relations with the superintendent, Dr. Talcott, were very close.

In the spring of 1890 Dr. Williamson began his Minnesota career as superintendent of the Minnesota Hospital for the Insane at Fergus Falls. In the fall of 1892 he entered private practice in Minneapolis.

Dr. Williamson was graduated in 1894 from the University of Minneapolis law school with the degree of LL. B., and in 1902 took a post-graduate course, finishing with an LL. M. In 1887 Hamilton College gave him his M. A. degree.

Our California brethren should be congratulated on securing Dr. Williamson's services in their asylum.

Bad Debts and Medical Fees.

The following from the Chicago Clinic is pertinent:

Poverty will be the lot of the medical profession until the doctor is not only convinced that the "servant is worthy of his hire," but until the doctor sees to it that the servant gets his hire. Your grocer does not say to you when it comes to the accounting, "Your bill is $50, but give me $20, and we will call it square." Hundreds of doctors close their accounts in this way with people who are amply able to pay in full. Is it because the doctor feels that his services are not worth the compensation. If so, by all means be conscientious. Reduce your fees and make seventy-five-cent calls. Don't charge two dollars if you think you are cheating your patient in so doing. But if you are charging two dollars a call and think you are worth it, insist on getting it in reasonable time. Do not apologize for your dun. Follow the example of your grocer, your butcher and your landlord in this particular of getting paid for what you do. Medical service ought to merit compensation, and prompt compensation, as much as do prunes, pork sausage or dog meat.—Chicago Clinic.

GENERAL NOTES.

The Antikamnia Company have mailed to their friends their latest souvenir, the "Antikamnia Tablet, Pin and Ash Tray." Our thanks are due the Company for a liberal supply of the same.

Dr. Lucy H. Black has located at 31 East 9th street, Erie, Pa.

Dr. George A. Robertson, of Battle Creek, Michigan, and Miss Florence H. Atchison were married at Salem, Mich., on August the 9th. The Medical Century extends felicitations.

Dr. W. B. Hinsdale is spending his vacation somewhere in Northern Michigan. He catches only big fish and cooks them himself it is said.

The Semi-Centennial of the Illinois Homœopathic Society will be held in connection with the American Institute of Homœopathy. Arrangements are being made to properly celebrate the event.

Our thanks are due our esteemed contemporary, the North American Journal of Homœopathy, for a pleasant review of the Century prize essays.

In commemoration of the sixtieth anniversary of the foundation of the British Homœopathic Society, the following from the United States were elected corresponding members: Dr. J. P. Sutherland, Boston; Dr. C. Bartlett, Philadelphia; Dr. Conrad Wesselhœft, Boston; Dr. H. R. Arndt, San Francisco; Dr. H. C. Allen, Chicago; Dr. W. H. King, New York; Dr. J. T. Kent, Chicago; Dr. R. S. Copeland, Ann Arbor; Dr. G. W. Shears, Chicago; Dr. G. W. Roberts, New York, and Dr. C. Gatchell, Chicago. The editor of the Medical Century welcomes these gentlemen as fellow corresponding members to the British Homœopathic Society. It is an honor of which we are all proud.

We have received a card from Mr. Frank A. Ruf, the Antikamnia Co. At the time it was written Mr. Ruf, was keeping cool in Hamburg.

German medical periodicals recommend walking on all fours for appendicitis for twenty minutes, four times a day. It strengthens the abdominal muscles and prevents their becoming relaxed, allowing the bowel to become misplaced. It is an aboriginal idea, and it is said to have cured a certain notable diplomat of appendicitis.

Professor Lombroso, of Turin, was recently elected a corresponding member of the British Homœopathic Society.

The Homœopathic Medical Society of Pennsylvania will hold its annual meeting at Easton, September 20th, 21st and 22d. The Society will be the guests of the Lehigh Valley Homœopathic Society.

Dr. O. B. Blackman, of Dixon, Illinois, is very desirous of obtaining a copy of the Medical Century, Vol. 7, No. 2, February, 1899, As we cannot furnish this copy perhaps some of our friends will help us out. The doctor has thousands of duplicate homœopathic periodicals, and will be glad to help out a brother in need.

The London Homœopathic Review gives 1905 as the year the International Congress should meet in America. It thinks that but a small number of our English colleagues would attend, and so they purpose not to skip the meeting of the British Congress.

The annual meeting of the British Homœopathic Congress was held at the London Homœopathic Hospital on July 1st. Dr. Geo. Buford was president, and his address was an able one. The attendance was good. The members were entertained by the members of the staff of the hospital, under the chairmanship of Dr. Dudley Wright. Dr. Goldbrough was elected president for the ensuing year. St. Leonard's was selected as the meeting place.

The Massachusetts Homœopathic Hospital Corporation have purchased about thirty-five acres of land on Green Hill, Jamaica Plain. It is said that a building for convalescents will be erected.

Dr. C. G. T. Austin, of Nantucket, is ever ready to defend pure Homœopathy. A note in the Nantucket Inquirer and Mirror is full of wholesome vigor.

Dr. C. E. Fisher reports great success in his railway hospital at Little Orleans, Maryland; has had more than four hundred cases, with more than 100 regular inmates, with but five deaths, one of consumption, one of typhoid, three of tunnel pneumonia caused by dynamite and dampness. It is a record that has never been equalled in railway hospital history.

Our esteemed contemporary, the Clinical Reporter of St. Louis, speaks of the woman's number of the Medical Century, recently issued, and of the accompanying illustration, as "Fine Faces and Fine Articles."

The Boston University School of Medicine has a fine exhibit of pathological specimens in the Palace of Education at the World's Fair, in St. Louis. The homeopathic department of the University of Michigan is also represented.

Dr. C. E. Johnson, of Otis, Indiana, writes glowingly of his sojourn in Vienna, where he is spending time taking courses. He will remain yet several weeks before returning home.

"The Homœopathic Medical Examining Board of Texas will meet in October, place and date to be announced later. All physicians desiring to begin practice in Texas are required to obtain certificates from Board. Only those holding certificates of examination by Boards of certain other States admitted without examination. Fee in all cases, $15.00. Apply to Hunter B. Stiles, M. D., Secretary, Gainesville, Texas."

A prospectus of a History of Homœopathy and Its Institutions in America, has been issued by the Lewis Publishing Company, of New York and Chicago. It is purposed to issue the work in four large volumes. Dr. William Harvey King, of New York, is editor. It is to be profusely illustrated, and will doubtless prove a valuable addition to our literature.

Dr. Ezra A. Lines, who wrote the interesting sketch of Homœopathy in Mexico, is at present in Ceiba Mocha, Cuba.

Drs. Percy A. and Van R. Tindale have removed their offices to No. 1613 South Broad street, Philadelphia; the former attends exclusively to diseases of the eyes, ears, nose and throat.

The Detroit Homœopathic Practitioners' Club purpose holding extraordinary valuable meetings the coming season. It is one of our most flourishing local societies. Dr. Harold Wilson will read a paper on the principles of Homœopathy at the October meeting, which will be held on the 17th.

Dr. Thomas Lowe has removed from Slayton, Minnesota, to Pipestone. The doctor has practiced for eighteen years in Slayton, and has held several offices of trust, having served as a member of the State Board of Medical Examiners.

The Erie railroad is to introduce a number of hospital or ambulance cars on its lines, an example all roads might follow to advantage. The cars are to be equipped with all modern surgical appliances.

We have now chaffeur's wrist to go along with housemaid's knee, miner's elbow and weaver's bottom.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Joseph Dillon, who graduated from Hahnemann in the class of 1904, has located at St. Paul, being associated with Dr. Briggs, one of the leading men in that city.

Dr. Charles Latham, of Darlington, Wis., who formerly practiced in this city, visited friends here recently.

Drs. H. A. Greiner and A. E. Ahrens, who are the Senior internes at Hahnemann Hospital, were recently the guests of Dr. Shears at his summer home at Lake Geneva.

Dr. F. S. Pittenger has accepted a place on the faculty of Hahnemann Medical College as adjunct professor of anatomy.

Dr. Edgar J. George spent from Friday night to Tuesday morning at his summer home in Fairfield, Iowa, during August.

Dr. Frank Rich, who was seriously ill for several weeks, has recovered and is again able to take care of his practice.

Dr. Harry Gorman, who graduated from the Chicago Homœopathic Medical College this last spring, has located in Ravenswood.

Dr. Fred. S. Williams has opened an office at 2601 Calumet avenue. Although a Homœopath he has been chosen by Dr. Murphy as his assistant.

Dr. George F. Shears is, as is his custom, spending the summer at Lake Geneva. He is in Chicago on Wednesday and Thursday.

Dr. W. M. Stearns has returned from Ludington, Mich; where he spent a month's vacation.

Dr. Charles Williams has returned to the city after spending a four weeks' vacation in Michigan.

Hahnemann Medical College will open for its next session Tuesday, September 20.

Dr. W. E. Boynton has returned from Manchester, Iowa, where he spent his vacation.

The opening exercises of the Chicago Homœopathic Medical College will be held in the amphitheatre of the college Tuesday, September 13. Dr. E. E. Vaughan will deliver the opening address.

Dr. M. B. Bloke has returned from Star Lake, Wis., where he spent his vacation.

The Executive Committee of the Illinois Homœopathic Medical Association held a meeting on August 2 at De Jonghe's restaurant. Those present were Nathan Starr, Charleston; O. B. Blackman, Dixon; J. N. Downs, Ottawa; W. P. Armstrong, Springfield, and Drs. Halbert, Aurand, Haseltine and Sweet, of Chicago. Dr. J. P. Cobb, chairman of the local committee on entertainment of the American Institute of Homœopathy, and Dr. Charles Gatchell, secretary of the institute, were present as guests of the committee. Luncheon was served and after it the meetings of the Illinois society and of the institute were discussed. It was decided not to have any meeting of the Illinois Association next year, but to have a business session during the meeting of the American Institute. It was recommended to the committee appointed at the meeting of the state society to arrange for the celebration of the fiftieth anniversary of that association that they invite the American Institute to be the guests of the society for one day, and in this way fittingly observe the association's fiftieth birthday.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Lemuel M. Roberts, Little Falls, Minn., and Miss Ida M. Deppman, Minneapolis, were married at the Berkeley Hotel, on July 5th, and will be at home in Little Falls after September 14th. Their many friends extend most hearty congratulations.

Dr. A. M. Crandall has located at Hokah, Minn.

Dr. L. A. Williams has removed from Lake Iona to Slayton, Minn.

Dr. P. E. Reilly, recently of the City and County Hospital, St. Paul, has located at Ellensburg, Washington, succeeding to the practice of the late Dr Gray, of that city.

Dr. H. O. Skinner, Hahnemann, Chicago, '04, has been appointed interne at the St. Paul City and County Hospital.

Dr. W. S. Briggs, of St. Paul, is in California for needed recreation.

Dr. and Mrs. E. E. Austin, of Minneapolis, entertained a large number of their friends on July 1st, the occasion being the doctor's birthday and their thirty-first wedding anniversary.

The Minneapolis Pharmacy Co. has removed from 608 Nicollet Ave., to 35 South 6th street, and the firm has changed by J. H. Van Nest retiring. G. A. Babendrier is now the sole proprietor.

Dr. G. G. Balcom, Lake Wilson, Minn., is doing post-graduate work in Chicago, having left his practice in the care of Dr. J. H. Drake, till recently homœopathic interne at the Minneapolis City Hospital.

Dr. J. O. Ballard, University of Minnesota, '04, interne at the Minneapolis City Hospital, has just returned from a ten days' outing in the woods of Northern Minnesota.

Dr. W. B. Roberts, of Minneapolis, and Miss Elizabeth Bryant, daughter of Dr. C. T. Bryant, of Chariton, Iowa, were married at the home of the bride on June 22d last.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Vacation seems to be the order of the day with the Washington physicians.

Dr. H. H. Hawxhurst is with his family at Block Island, R. I. Dr. M. Crichton is doing some special work in Europe. Dr. M. M. Moffit is on the coast of Maine. Dr. L. B. Swormstedt left the city August 5th to meet his family at Millford, Mass. Dr. A. K. P. Harvey is spending his vacation at his old home in New Hampshire. Dr. R. Kingsman is at Eagle's Mere, Pa. Dr. C. L. Bliss has just returned from New England, having spent several weeks' vacation there. Dr. C. A. Davis expects to leave for Canada at an early date, his object being a fishing trip. Dr. J. A. Freer is in New York State for a few weeks. Dr. W. R. King is also in New York at one of the resorts on the St. Lawrence River. Dr. Warner, junior interne of the National Homœopathic Hospital, is visiting at his home in New Jersey. Dr. E. Nesbit, of Lewisburg, Pa., is substituting for him at the hospital. The new buildings for the homœopathic hospital are being rapidly pushed by the contractors, and will be under roof in a few days.

APPENDICITIS MEDICALLY CONSIDERED.

BY JAMES G. GILCHRIST, A. M., M. D., IOWA CITY, IA.

There are few subjects of general medical interest that have given birth to more literature than that of appendicitis. Almost every number of all medical periodicals and the columns of the secular press have, for some months, given it prominence, and the most diverse theories as to causes and treatment have been more or less dogmatically stated. A large number of practitioners, of extended experience, have strenuously maintained that the condition was eminently surgical, the proper treatment always operative, and the time to operate as soon as the diagnosis was made. Another class, also of ample experience, took exactly opposite ground. After ample experience myself, the conviction has gradually been forced upon me that each army of contestants is partly wrong and partly right. No doubt in the world that many, very many, operations have been needlessly and lovely bouquet of American beauties resting in

NOTE.—The following articles have been sent in in answer to our call for articles on the Medical Treatment of Appendicitis.—ED.

made, nor that many deaths have resulted from a failure to do so. Granting an impossibility at the outset, namely, the ability to make a diagnosis in all cases, the discussion would be narrowed. But all of us who have had much to do with abdominal surgery can recall frequent occasions where the appendix, when inspected, gave evidence of only minor lesions, if any at all, and no evidence of previous inflammation. We also know of many cases in which the operation for some other condition, ovarian, tubal, uterine, urethral, renal, hepatic, or what not, has revealed an appendix in such a condition that we marvel how it happened that there were no pre-existing evidences of it. So even the existence of an appendial inflammation is often obscure or negative, but the attempt to classify it is more problematical. Some may question this statement, but surely not one who has made many abdominal sections.

After treating, in one way or another, a very large number of these cases, I have finally been enabled to formulate a line of treatment with reference to some crude form of classification. One class of cases must, I have concluded, always be operated, another rarely, still another practically never. The question has no reference to type, catarrhal, obstructive, gangrenous, suppurative, and so on; but is settled on altogether other lines. For instance, a first attack should not call for operation, neither should one be made in the inflammatory stage of any case. Recurring appendicitis, or continued sensitiveness, or pain, or soreness persisting after the acute stage has subsided, on the contrary, should be operated. Thus purely medical treatment is indicated in all first attacks, and in the acute stage of recurrent attacks. What this treatment should be is summed up in a short sentence, viz., the indicated remedy. It matters not, materially, whether the bowels are moved or not, whether heat be applied or not, or whether it be dry or moist, if the remedy is not indicated. On the contrary, if the remedy is indicated, it matters little what adjuvants are used, or if any are employed; the remedy is the thing, and all else is of minor or no importance. It follows, therefore, that there is no one remedy that can be given simply on the symptom "appendicitis." And yet in many cases the differences are so slight that one remedy will cover them. Thus, Belladonna has seemed to be indicated in more cases than any other, but particularly when the local heat is great, pain pulsating or throbbing, and sensitiveness more to a light touch than to firm pressure. Aconite would be thought of if the case is seen early, particularly if there had been a rigor, and rapid rise of temperature. Often this remedy will not complete the cure, some other being indicated later, and, again, often it will cure if the case is seen early, almost in the prodromal stage. Mercurius vivus has seemed to abort threatened suppuration. Colocynth has given good results when the pains are cutting, spasmodic and much flatulence. I have not had occasion to use other remedies frequently, but Bryonia and Cuprum have been used occasionally.

Supposing suppuration does take place, what then? Well it depends. If, as is usually the case, it is walled off, treat it as any other abscess, viz., evacuation and drainage. If rapid, with no limitation, and general or local peritonitis, the patient may die, probably will, and just as surely whether an operation is made or not, more surely if one is made. By "operation" I mean one that seeks for and removes the appendix. Incision, evacuation and drainage will be good surgical treatment in any kind of abscess. I have seen many cases in which the pus had accumulated for days, or perhaps weeks, recover after simple evacuation, even when sepsis was marked. In such cases Rhus, Arsenicum or Hepar sulphur have been the remedies used.

In the limits of a short letter no attempt can be looked for at exhaustive treatment of such a large subject. Personal experience is what I am asked for, I take it, and mine is not different from that of others doing large surgical work. The matter may be conveniently epitomized something as follows:

1. No operation is to be made in first attacks.
2. No operation to be made in the acute stage of any subsequent attack.
3. Operation to be made in the quiescent stage of recurrent attacks, or after a single attack if the resolution is imperfect, lessening sensitiveness, pain or soreness for a prolonged period.
4. Remedies to be relied upon in first attacks and the acute stage of recurrent ones.
5. No formal operation, but simple evacuation and drainage in suppurative forms.
6. Remedies oftener called for, in the possible order of frequency, Belladonna, Aconite, Colocynth. Mercurius vivus, Bryonia, Hepar sulphur, Cuprum Possibly Silicea in cases of imperfect resolution, for symptoms of adhesion.

APPENDICITIS.

BY GEO. B. PECK, M. D., PROVIDENCE, R. I.

I fear not appendicitis, but entertain a profound respect for it. Hence, should discomfore be experienced in the neighborhood of McBurney's point, especially if accompanied by an increase of temperature, I would act as if a victim thereof, unless I could demonstrate the unpleasantnessss was elsewhere occasioned. My couch would be sought at once. The colon emptied by enemata, most likely of glycerine or warm water or both, an ice bag placed on the suspicious spot, but frequently emptied of water; Arsenicum album, 2x, grs. viij, and Bryonia alba, 2x (old nomenclature, 3x modern), mxx, placed in separate glasses, each filled two-thirds full of water, whence two teaspoonfuls would be taken every hour, alternately, from each. The most assimilated liquid diet available adopted. Should my temperature increase, other indications comporting, appendectomy would be demanded within twenty-

four hours or forty-eight at the latest. Unless, however, the onset of the disorder had been remarkably insidious, the mercury would fall with reasonable rapidity under the above treatment. When 98° F. was reached the ice-bag would be discontinued, but the medication and the dietary maintained. Upon the entire disappearance of soreness I should venture to arise and move around slowly, partaking erewhile of semi-solid, and later, of solid food. Two weeks subsequently I would hie to the seashore, bask upon its rocks, eat and drink and sleep at pleasure, read haphazard the lightest of periodicals, and brace up generally. Then, after six weeks, appendectomy, a proceeding under such circumstances absolutely safe at the hands of anyone worthy the title of surgeon.

Of course, if any remedy other than those especified should be more clearly indicated, it would be substituted. Again, if mountain air had proved especially beneficial to a patient, that would be ordered. The above treatment, however, medical, dietetic, hygienic and operative, upon a number of my patients by John D. Lance, M. D., left nothing to be desired. Another professional brother suffered five attacks of this disorder. He was operated on at length, only to find that during the last siege every vestige of the apppendix had disappeared. He now considers he was a fool to waste the time, endure the discomfort and stand the risk of the multiple illness. A single attack he now believes should be amply sufficient for anyone.

TWO DOCTORS' DINNERS.

From Frank Kraft's "The American Physician."

"Women Doctors' Dinner" is the sub-head of an item in one of the New York morning papers of recent date describing the meet and good time with meat and drink of the alumnæ of the New York Medical College and Hospital, which held their annual dinner at the Hotel Manhattan last night, "when nine speakers told the 300 guests a great many things about tumors, politics, homœopathic remedies, women doctors, and missionary work."

We are informed that "Dr. Clarice Parsons, of Vermont, in a dazzling gown of black and white embroidered net, told of her regret at having left New York. She said that to be within earshot of Gotham she would be willing to even live in Brooklyn, 'where I can learn men are living a new life or pushing it in a go-cart.'"

"Dr. Esther Baldwin, who has spent the last twenty years of her life in China, devoting most of her time to surgery and missionary work, made the hit of the evening with a tumor story that was referred to in all the speeches that followed. A woman surgeon had removed a tumor from a little bit of a Chinese woman that weighed 283 pounds. The woman was only four foot seven inches high, and the tumor weighed 162 pounds," etc., etc.

Which sugests that if the report, also from New York, of the Alumni Association of the New York Homœopathic College, had been written by the same young and giddy little female reportee, who does those beautifully brilliant yet withal poetical and eloquent things for the Sunday morning paper under the caption of Women's Activities, it would have appeared something like this:

"Four hundred men at arms, men yoemen and strong, men of varying ages, blithe and gay, tonsure dark and gray, men who had labored unremittingly, toilsomely, thoroughly, sweetly and patiently for years many in number in the God-given and merciful gift of healing the ill, and lifting up the standard of medical education as well as the despairing and downtrodden, met in the Grand Ball room of the Waldorf-Astoria last night; without premeditation they rose as one and responded to the inspired slogan of this far-in-advance school, Similia Similibus Curantur, with a cheer that was fain to rend the rafters and endanger the permanency of the decalcomania fret work of that wonderful hostelry. And over the face of Dr. Guilliaume Harvey le Roi, Dean of the Faculty, who was arrayed in a dazzling suit of black and white, cut en bias, and entourage chip-tail upper-garment, an American beauty decorating the left lapel, trousers a la Kuppenheimer, with four button kid-top enamel souliers, his crush hat of the newest crepe pattern, white silk insides tastily tucked en train into his manly bosom, hair done in mild poudre de riz and arranged a la Pompodour, caught up on the sides in tasty lingamaree, supported by his two refined and wax-like auricular appendixes, spread a smile of satisfied pride.

"What's the matter with the Dean?" yelled the Doctors in cohort and consort, and in stentorian unanimity.

"He's all right!" came the cheerful and cheering response.

It was a psychological moment, one not soon to fade from the tablets of memory. It was grand. It was inspiring. It was noble. And the ladies applauded.

It was the twenty-second annual dinner of the Alumni Association of the New York Homœopathists, and the room and guests were filled. Aye, filled.

"We are here today and gone tomorrow," said Dr. Willis A. Dewey, President of the Alumni, in an English-cut dress coat, costing ten guineas net, tails long and hanging down behind with excellent effect, an immaculately laundried white shirt, with two brilliant stones decorating and setting off this white expanse of braw bosom, a-turn-down Coon and Cluett No. 18 collar, a small white duck, edge-embroidered, hem-stitched and wire-drawn college tie, hair recently barbered with Eau de Caneen and a la Savonarola VII., beard trimmed close to the cheek but terminating a la Van Dyke, a trifle white in spots round cuffs with plain gold cuff buttons of the Louis Kanze period, vest cut low en corsage, trousers full bottomed, black as a raven's wing, full at the knees and glossy in parts, supported on a pair of Kingelbeutel's latest creation in footwear, "to show our loyalty to our ancient mother, and to welcome newcomers to our ranks."

Twenty-nine new Doctors were enrolled.

The honor men of the class were Louis Rene Marchand, in plain black, without jewelry, dull finish to shoes, silk handkerchief in left hip pocket,

hollow of right arm; and Percy William Barn, who was wonderfully fine in a dazzling suit of nun's veiling, hair parted down the middle but beautifully arranged in puffs on either side, stand-up-and-turn-over collar, three button Davenport, with cream silk lining in sleeves, laced enamel shoes, trousers a la University. These two elegantly appareled gentlemen took the first and second faculty prizes.

The decorations of the Ball room were a dream of Oriental splendor, in lighted lanterns, borrowed potted flowers and ferns. The music was delicious and entrancing.

Dr. Himmelfixer, in cut-away sack, salt-and-pepper, ball-bearing and hard finish, related his experience with the Pratt speculum while guy-roping the lower and middle lobe of the sigmoid flexure; he did this in such an oracular and realistic effect, that it came home most vividly to each gay and cheerful banquetier, and was fain to mingle unbidden with the consomme, and so on through the beautifully hand decorated card de menu down to and including the Flora del Feena cigars gratuitously contributed by Alexandrino Bonita Norton from his recent importation from Cuba.

Dr. Kidder, the eminent obstetricist, who has lived the last twenty-one years in darkest New Jersey, as in a penal colony, in lavender neckerchief, caught up with a dog's head pin, eyes of burnished Barrios, Dent gloves in his hip pocket, described his last and latest technique in the second stage of parturient labor. This was a masterful arraignment of essentials and details most highly appreciated as well by the banquetiers as by their fair partners because of the rarity of its happening in the ho tunn society.

And so nine Doctors in all, of this splendid society stood up and told the remaining four hundred of their professional endeavors and successes, the while circulating by the hands of the engaging waiters, their latest reprints from the North American Journal or the American Physician, with graphic life-like half-tone pictures of these operations.

Did they?

Well, we guess not!

Not so long as the olives and nuts and other small banquet-table impedimenta held out.

That isn't the way men foregather in their banquets.

At least not the red-blooded kind.

And we don't for one moment believe that the women doctors cut up any such didos as this sweet woman reporter alleges them to have done. But being a woman herself she believed she would serve her sisters best by reporting the Doctors' Dinner like a modern wedding or a reception with five o'clock tea and grass sandwiches.

Das Ewige Weibliche!

Acid Fruits.

Nearly all fruits contain more or less acid. The acids of fruits are three: Citric, malic and tartaric. Tartaric acid is found in grapes; citric acid, in cranberries, lemons and oranges. The principal acid of other fruits is malic acid—the acid of the apple. The pear and the blackberry contain the least acid of any fruits, the proportion being about one-fifth of one per cent. The strawberry, grape, cherry, peach, apple and prune contain one per cent. of acid; while one and one-half per cent. of acid is found in the whortleberry, raspberry, gooseberry, plum and apricot. The cranberry, the currant, and the orange contain two and one-half per cent. of acid; while the lemon, the most acid of all fruits, contains seven and one-half per cent. of citric acid.

All fruits contain sugar in larger percentages than acid, and in some instances the proportion of sugar to acid is so great that there is almost no acid flavor; but the acid is present and exercises its special purpose just the same as if the sugar were not present. The grape contains the largest proportion of sugar, more than fourteen per cent. The cherry comes next, with ten per cent. The lemon and the pear contain a little more than eight per cent. of sugar; the strawberry, currant and prune, six per cent.; the orange, apricot, peach, blackberry, raspberry and whortleberry, from four to five per cent.; the plum, a little less than four per cent.; and the cranberry, least of all, only one and one-half per cent. The cranberry is the only fruit which does not contain more sugar than acid. The currant contains three times as much sugar as acid, yet it is still quite acid, while the lemon is intensely acid, although it contains nearly one per cent. more sugar than acid. The strawberry contains nearly six times as much sugar as acid, and the cherry ten times as much.

The acid of fruits gives to them their most important value. They are natural disinfectants for the alimentary canal. None of the ordinary germs which thrive in the stomach and the intestines can live in ordinary fruit juice. It is only of late that this germicidal property of fruits has been appreciated.—Modern Medicine.

New York State Society Meeting.

The next meeting of the Homœopathic Medical Society of the State of New York will be held in New York City, September 27th and 28th. One of the features of this meeting will be a gynæcological and surgical clinic given by Drs. J. M. Lee, G. W. Roberts, and D. G. Wilcox, assisted by Drs. E. G. Cox and J. H. Irish. This clinic will be held in the Flower Hospital and will take the place of papers on gynæcological and surgical subjects. A very fine program will be presented, and we are expecting it to be one of the most interesting meetings in the history of the Society.

Iodide of Lime.

Dr. V. E. Lawrence, Ottawa, Can., speaking of Iodized Lime (Calcidin, A. A. Co.), says: "My experience with Iodide of Lime has convinced me that it is a true specific for membranous croup." It is also valuable in incipient colds, coryza, bronchitis; in enlarged cervical glands; wherever the alterative action of Iodine is needed. It is non-poisonous. For sample and literature, address The Abbott Alkaloidal Co., Ravenswood Sta., Chicago, Ill.

Homœopathy in Hydrophobia.

Dr. V. G. Thrope states that the powdered seeds of a species of strychnos, probably strychnos nux vomica, have for several hundred years been used in China as a remedy for hydrophobia—probably on the principle of similia similibus curentur. The dose, expressed in terms of the alkaloid, would be from 1-13 to 1-33 grain.—Modern Medical Science.

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Materia Medica.

A CLINICAL LECTURE—NATRUM MURIATICUM.

BY J. R. P. LAMBERT, M. D., ASSISTANT PHYSICIAN, LONDON HOMŒOPATHIC HOSPITAL.

This drug is one of the most interesting that we have, since it illustrates so many homœopathic principles and pre-eminently the truth of potentization by means of trituration and succussion. The discovery by Hahnemann of the law of similars resulted from his great learning and unusual powers of observation, but no amount of learning or observation led him to take substances which in their crude form are almost if not quite inert, and by special method of preparation to set free their latent healing powers, and to apply these powers according to the law; in this his genius was displayed.

He says in his Chronic Diseases: "Considering that salt when ordinarily used has no pernicious effect upon the organism, we ought not to expect any curative influence from that substance. Nevertheless, salt contains the most marvellous curative powers in a latent state. The transmutation by means of the peculiar mode of preparation adopted in Homœopathy of a substance with salt which is apparently inert in its crude state into a heroic medicine, the use of which requires the greatest discrimination, is one of the most convincing proofs, even to the most prejudiced, and the fact that the peculiar processes of trituration and succussion resorted to in Homœopathy bring to light a new world of powers which nature keeps latent in crude substances."

And the important principle which this medicine illustrates is that drugs in potency antidote and neutralize the evil effects of the crude substance. With Natrum this is the more remarkable because it acts even in the presence of the crude substance so that it is not necessary to stop the patient eating salt in her food while taking the medicine in potency.

Now, let us look at the Natrum patient and then consider the characteristic symptoms of the drug.

The Natrum patient is more often than not a woman, and nearly always emaciated or at least a spare subject. The complexion is generally sallow, often of a dirty, earthy hue, and the skin may be very greasy, but in the Natrum anæmics the complexion may be quite clear. The mental state is one of depression, a tearful state, and not only tearful, but a flow of tears is easily induced by sneezing, laughing, coughing. Consolation aggravates and irritates. Headaches are very common, more often than not a prominent symptom. Their character varies, but they are usually of a heavy, pressive kind in the frontal region, and having this great peculiarity that the patient wakes with the headache. These headaches are sometimes very constant, the patient frequently complaining of being never free from it. Occasionally the pain is acute and may affect any part of the head, but nearly always has the peculiarity of being present on waking.

Such headaches are frequently induced by eye-strain, and I have relieved many such cases sometimes without correcting the eye-strain, or before the patient has had her glasses. This causative factor, no doubt, explains why the medicine often relieves the headaches of school girls.

Rather a different type of Natrum headache is one of a throbbing character with amelioration from lying down with the head raised.

Fluent coryza or a tendency thereto is another good indication, this coryza being accompanied by lachrymation.

About the mouth and lips we find some of the most useful indications in the shape of herpetic blisters, or cracks on the lips, and little blisters or ulcers on the tongue. White bubbles on the tongue, or a streaked, frothy saliva along the sides of it are indications worth remembering. It has also the peculiar "hair on the tongue" sensation, along with Silica and Kali bichromicum.

Coming now to the gastric sphere we find the characteristic indications chiefly connected with the appetite. Thirst is generally marked, and there may be a ravenous appetite, but the patient gets no fatter, may even lose weight. A great craving for salt is frequently found, but there may be aversion to it and aggravation from eating it. Other gastric symptoms are, "sensation of a foreign body stuck at the cardiac orifice," sudden satiety, hunger soon after meals, and sinking sensation at 11 A. M.

The bowels in Natrum subjects are generally constipated, the stools being dry, hard and crumbly, and often accompanied by tearing pain, which may last an hour or two after defecation, a feeling of painful contraction in the rectum is also characteristic.

While constipation is the rule in Natrum patients diarrhœa is no contra-indication, and under the action of Natrum not infrequently supervenes. If this occurs it is a curative effect and must not be interfered with.

In connection with the urinary organs we need only mention the presence of red sand in the urine,

and some vesical incontinence during coughing, sneezing or laughing.

On the female genital organs it has a marked action. The most characteristic symptom here is great bearing down, has to sit down to prevent prolapse. The menses may be profuse or scanty, delayed or entirely absent.

Among respiratory symptoms its cough is characterized by its concomitants, headache, lachrymation and involuntary passage of urine. Lachrymation with the cough was Burnett's keynote for it in pertussis.

Among cardiac symptoms we note fluttering of the heart, palpitation, as well as anginal symptoms. Dr. Molson, on commencing to prove Natrum 30th, potentized by an unusual amount of trituration in eighty-eight stages, experienced such violent anginal pain that he was afraid to continue the experiment.

On the skin, too, Natrum has a marked action, producing great itching with or without eruption. If eruptions occur they may be papular or urticarial. though an eczematous eruption, other symptoms corresponding, would be no contra-indication. Herpetic eruptions, about the mouth, too, are very characteristic.

Natrum patients often have their sleep disturbed by distressing, vivid dreams.

In intermittent fever Natrum is a most valued medicine in countries where these fevers are prevalent. It is of value in acute and chronic cases, and also to antidote over-dosing with quinine, etc.

Burt says it will cure more cases than any other remedy. H. C. Allen gives it nearly as high a recommendation in saying: "There is probably no remedy so often indicated in severe cases (Arsenic alone excepted)." What, then, are its fever symptoms? Two are very characteristic, great thirst all through and "fever blisters" around the mouth. In addition, we find emaciation < morning; some attach great importance, some little, to the < 10-11 A. M. It has also < heat, of sun, summer or of a stove, and > in open air. It should not be given during the pyrexia.

Now for the generalities: We find great liability to take cold, anæmic and cachectic conditions, great emaciation, especially of the trunk; great weakness, easily fatigued. Chilly, shivering all over at night. Pulsation all over the body, also localized congestions of head or chest with cold legs. Constrictive sensations occur in various parts of throat, heart, stomach, rectum. < at the seaside is often found, though sometimes there is amelioration. This is not really contradictory but merely depends on the degree of sensitiveness of the patient to salt in the air. The other modalities we have already mentioned, viz., < heat, sun, 10-11, summer, morning, mental exertion; > open air, cold washing. To illustrate this lecture a case of idiopathic anæmia was shown which greatly improved under Natrum, chiefly in 30th, 200th potencies. The following is a portion of the notes of this case:

Elizabeth Davis, æt. 43, admitted April 6, 1902, complaining that she has been ill four years, and for two years of that time under allopathic treatment. She presented a picture of intense anæmia with a lemon-yellow tinge. In addition to the usual symptoms of severe anæmia, shortness of breath, palpitation and great weakness she complained of the following: Hands and feet cold and "so dead." In the case of the feet the coldness reaches nearly to the knees; her feet swell. She is sometimes light-headed and suffers from vertigo. She is very thirsty, and craves acids. Her appetite is good aand she has no pain after food, but gets flatulence from drinking cold water. Her bowels are regular. Twelve months ago she suffered from piles, which bled occasionally for a year.

Catamenia regular, not excessive and without pain. She is very low-spirited.

She has never been laid up before.

Phys. exam. Patient is markedly emaciated and intensely anæmic as described.

Heart. Apex beat within nipple line. There is a systolic limit in all areas, loudest over the left auricle, outside the pulmonary area. The first mitral sound is reduplicated. Venous pulsation was visible in the neck and over the chest. No abdominal signs were found besides marked pulsation of the aorta Natrum muriaticum 30th t. d.

April 13. Much better; legs swell and very tender. S. L.

May 3. Better; legs less tender. Rep. S. L.

June 21. No note of condition. Natrum muriaticum 6th t. d.

July 5. Not so well. Medicine aggravated; had to stop it. S. L.

Shortly after this she was admitted to the hospital and an examination of the blood showed the R. b. c. s. 1,900,000 odd, and the hæmoglobin 40 per cent., the color index being 1.05. She improved very considerably while in hospital under the same medicine. For the whole of last winter and summer this patient was very much improved, and had quite a good color, and felt so well she thought it unnecessary to continue treatment. She was, however, induced to attend at irregular intervals. This summer with the great heat she has relapsed, having had no Natrum for some six months. She has now been taking it again for a short time.

Clinical Medicine.

CLINICAL MEDICINE.

BY J. D. BUCK, M. D., CINCINNATI, O.

A few days ago I received a request from Dr. Thomasson to prepare a paper for the Kentucky State Society on clinical medicine. Clinical medicine is a rather big subject, and gives one a wide scope in the selection and treatment of a topic.

It seems to me that there is rather a strong tendency among a certain class of physicians sailing under the banner of Homœopathy to magnify Materia Medica at the expense of pathology and diagnosis. I say, at the expense of the latter departments. Please do not misunderstand me. I do not think it possible for any physician to know too much of Materia Medica, but when, in magnifying that, he at the same time belittles or ignores pathology and diagnosis, my protest comes in in the name of that

larger view designated as medical science. It is quite as necessary in the field of practice for the physician to know what conditions actually exist and what changes are likely to occur and results ensue the following day, week or month, as to know the action of drugs and what effects are likely to follow their use. I furthermore hold that accurate knowledge of pathology in any case belongs to the "totality of symptoms" or "picture of the disease," about which we Homœopaths have so much to say. The time is long past when a mere knowledge of the pathogenesis of drugs and observation of patent or even obscure symptoms really constitute a physician. Unfortunately the differentiation sometimes made as a reproach between the physician and the Homœopath, has sometimes found. Just here is raison d'etre. Pathology is to the physician a matter of exact knowledge of the origin and nature of disease, and the changes from normal structure and function incident thereto. The progress of the disease, the changes, incidental or sequential, at any rate, are all included. Diagnosis is an art, pure and simple, by the exercise of which based on knowledge of pathology the exact conditions at any given stage of the disease are determined.

Diagnosis has a positive and a negative aspect. In the latter case, by a method of exclusion, the health of the individual is determined, as in the case of tubercular, cardiac or kidney disease being suspected these organs are found to be in perfect health. All such conclusions, whether positive or negative, are matters of exact knowledge applied as an art and involving long experience and mature judgment. Indeed, this is almost the only realm of exact and positive knowledge in the practice of medicine, and he who is habitually and frequently at fault here is an empiric, even if he can "rattle off the symptoms of drugs by the yard and by the hour." To know a symptom, like, say, for example, "a sharp pain in the left breast," may point toward a remedy or group of remedies. But if the prescriber has no knowledge to indicate the relative value of meaning of the symptom, and could not distinguish between angina pectoris, endo-carditis and intercostal neuralgia or pleurisy. he would be sadly handicapped in the prognosis and handling of his case, and still more, he would miss a valuable adjunct in the choice of his remedy. It is quite true that the best diagnostician will sometimes be uncertain or misled. But if this be true in a case of wide experience and mature judgment, how lamentable will be the case with one entirely ignorant of the whole realm of pathology and diagnosis.

Boast as we please of our law of cure and of our knowledge of the pathogenesis of drugs, we can seldom be quite sure of results in the administration of medicines except in the simplest cases, and by no means uniformly so here. One case improves to our amazement and another equally surprises us by failing to respond at all to our "favorite prescription," and we are quite in the dark as to why this is so.

Every prescription made for a patient is, to a considerable extent, an "experiment." Exact knowledge, good judgment and experience reduce the chances of failure in all such experiments; or inform us beforehand why we are uncertain or likely to fail.

I am well aware that this statement is likely to be disputed by certain "unco-good" Homœopathists, and I venture the statement that the denial will be in inverse ration to their knowledge of pathology and diagnosis. The man who is positive that he can cure any disease all the time is either an ignoramus or a prevaricator. If he has any large experience then his memory is habitaully treacherous, or his love of truth questionable. I have seen a few just such persons, but would in no sense designate them by the honorable name of physicians. We recently had an epidemic known as German measles. Most of the children affected continued to attend school; occasionally one with unusually red or mottled face would be sent home by the teacher, and perhaps return the next day. One case, much like the others, was kept at home with a headache, and practically been semi-conscious for thirty-six hours; finally, became comatose, was seized with tonic spasms, which continued twelve hours, when the patient died. What relation is known to exist betweeen German measles and meningeal and basilar hyperæmia? If meningitis from the beginning, where did German measles come in? The doctor who has a dead shot for German measles, or who asserts that the disease is always insignificant, is equally at fault. True, an exanthem belongs to meningeal fever and might be mistaken for measles, but in these cases a traumatic or endemic history is usual. With all our knowledge of pathology and diagnosis cases will frequently refuse to be classified, and we shall be surprised by spontaneous recovery in the one case, and by unexpected fatality in another. All of which should remind us to be eternally vigilant and never too positive. In the great majority of cases our pathology and diagnosis will do good service. Gradually, as has all along been the case, the field of uncertainty and conjecture will narrow. Wider experience and more exact knowledge will narrow more and more the field of empiricism. This is the ever increasing domain of exact science, but never of wild assertion and guesswork.

Whosoever treats a case of disease and by whatsoever drugs or methods is likely to claim the credit of a cure if the patient recovers: while, be the dose large or small, a rival may claim that the patient recovered in spite of the doctor.

If the patient dies in any case, that Providence which is a mystery with broad shoulders is credited with the "inscrutable decree."

I hold that clinical medicine is a mixture of exact science in many directions, and more or less uncertainty and experiment in all directions, and that to claim exact or absolute knowledge where it does not exist is the worst form of charlantary, no matter whether such claim be based on self-deception or prevarication. In my judgment, by the time we are wise enough to cure all diseases, we shall be both wise enough and good enough to have no disease to cure. The real evolution of knowledge keeps pace with the perfection of man.

THE BASIS FOR THE SELECTION OF A PRESCRIPTION.

BY JULIA C. LOOS, M. D., H. M., HARRISBURG, PA.

I. A married woman of 63 years reported in February at her home, that she had been troubled with a severe cough since the previous May, when on the way from a trip through Nebraska to Pennsylvania she described it as first excited by a tickling in the chest at times, but more recently in hard paroxysms, followed by moist rales and singing noises in the bronchial tubes, with fullness, rattling and wheezing in the middle half of the chest. She expectorated large lumps of mucus, copious, of salty taste and green color.

She had prided herself on her excellent health previous to this attack, and until within a few weeks had avoided all attention of doctors. For relief from the cough she had taken cough mixtures till they disordered her stomach so that the thought of food was a dread, and eating was followed by nausea. For the relief of her friends she had tried to follow much of the advice they had to offer ad libitum. In spite of all her precautions she was growing weak, discouraged. Earlier history is of marriage at 34 years with no pregnancies. A long spell of profuse menorrhagia, which left her with pale skin and mucous membranes for several days, was the last indisposition which confined her to bed. This was at the age of 43. At 23 she had a pin-rash, itching eruption in the face presenting the appearance of a red spot on each cheek, connected across the nose, and on the chin. This cleaned after a severe spell of dysentery. Tendency to constipation had led to the use of enemas, liver pills, etc. She hoped for relief from her cough, which had kept her awake the most of each night for some time. What did she need?

On receiving Phosphorus, in one week she showed decided gain, and in ten days started on a trip West to Oregon and Nebraska, after having enjoyed several good nights' rest, easy bowel evacuations and desire for food, feeling stronger and encouraged. By the middle of April she reported (by mail) that improvement had steadily continued, and she was then in good health and full of gratitude.

II. A child of 2 years was reported in February not well since Christmas, at which time she recovered from an attack of scarlet fever. She presented a pale, peaked face, pale lips and general sallow appearance. A cough which had persisted since Christmas was worse with every fresh cold, and wakened her often at night. There was a copious, clear watery discharge from nose. On the left side of the neck below the angle of the jaw was an indurated gland, enlarged to the size of an English walnut. This had been rubbed with oil. The first double teeth were just erupted. She gritted her teeth day and night, and consumed much milk at night, waking frequently to nurse from the bottle. Bowels were free and urination frequent. Her mother reported that formerly she had perspired freely about the neck. She had a poor appetite with craving for sweets, and a sensitive disposition, being easily offended.

The only treatment, as reported, was a cresolene lamp at night, grease on the chest, a tonic internally, a teething lotion on gums, alcohol for rubbing, and lime water in the milk. Her parents wanted something for her that a surgical operation might be avoided.

With all the above adjuvants discontinued, Sulphur started an improvement, which lasted until April, when she was reported as follows:

Irritable, crabbed, objects to being touched, unhappy, fretful, crying, wants much petting, looks forlorn and pale, peevish on waking for several days, both in morning and evening. Hands and feet hot. Temperature on April 11, 102°. Poor appetite and dry cough returned.

Perspiration about head in sleep wets the pillow. She received Calcarea carbonica, and in two days became playful and much like herself.

The parents reported later that she was doing very well, but they did not consider it necessary to follow the advice to keep her under the physician's observation.

III. A young lady of tall, stout figure, brunette type, came to the office with a lump in the breast, which she hoped would not be the occasion of a visit to the hospital for an operation. Examination revealed a lump 2½ inches in diameter, deep in the substance of the upper outer part of right mammary gland, of firm consistence, immovable, involving the deeper but not the superficial tissues. Her attention was first called to it by burning pain there a few weeks before. She said she was nervous as the result of shock and strain due to a sister's pelvic operation and subsequent sickness and death. She had worried much about the possible outcome of this tumor, and found herself better when occupied. The menstrual periods were preceded by pain in the mammæ for long time, but the periods were comfortable.

Otherwise she declared herself usually well, though she had just recovered from an acute coryza accompanied by swollen throat in the parotid region, and agglutination of eyelids, first right, then left.

Conium maculatum was given, followed by immediate improvement, and in three months' time careful palpation failed to reveal any lump in the breast, the nervousness had disappeared, and the patient is in splendid health she says.

These cases are cited to call attention to the basis on which the prescriptions were made. It must be evident to reasonable minds, to any save quibblers seeking to discredit all medical action, that in each case the remedy administered improved the patient's condition, started a curative action. However, we shall not, therefore, advise that Phosphorus is the remedy for humid asthma, Sulphur followed by Calcarea carbonica is to be relied upon for indurated cervical glands, and tumors in the breast should be treated with Conium maculatum. If such a plan were followed disappointment would surely follow foolish expectations.

Homœopathy is distinctly an art based on a science, which recognizes certain essential points in dealing with sick people. A homœopathic prescription is based on the principle that a sick patient is cured with the remedy capable of producing in the healthy a state of disorder most closely resembling the form of sickness in the individual patient under

consideration. This similarity is expressed in the characteristic symptoms of patient and drug, those which distinguish the patient in his sickness from other patients and the action of the drug from other drug actions. Cures are effected by putting the patient in order rather than battling with the disease or group of symptoms by name, or the tissue changes in the patient.

These are the demands of Homœopathy. Change the state of the patient. To do so select a remedy most similar in effect to the disorder he presents. Depend for comparison of patient and drug upon the symptoms which distinguish the patient from other patients.

The first case as reported above presents no distinguishing symptoms of the patient. It shows only how her organs are affected by the disorder. Further inquiry disclosed the following group: She is tall, blonde, with light-brown hair, light blue eyes, excitable, loquacious, delicate in facial appearances, though of large frame, large hips. When she takes cold the left side of the chest is afflicted, then she becomes hoarse and has copious expectoration of green mucus. She is fond of cold bathing, craves open air, is > in open air and < in close rooms and warm clothing. She perspires freely on slight exertion, is troubled with vertigo while lying and on rising from a seat. She complains of a sensation of trembling and coldness in the abdomen. When she coughs there is involuntary urination. The eruption she had years ago selected the sites, cheeks, nose and chin. She craves much water to drink, likes salt and pungent things, is averse to sweets, has no desire for fats and meat. As a child she was always tired and easily frightened. She feels > alone, does everything rapidly, and is anxious about everybody around her.

This image is most similar to Phosphorus, though the reference to repertories and proving shows Sepia and Sulphur very similar in part. Hence Phosphorus can be depended upon to cure the patient or start the cure and clear out the humid asthma, although humid asthma might and does develop in women and men presenting far different characteristics from the above. It were foolish to administer Phosphorus to such different ones, because it represented this patient most closely.

In case II. the state of the system following scarlet fever with catarrhal state of nose and chest, the sensitive disposition, poor appetite and craving for sweets, the tendency to enlargement and induration of cervical glands without pain, picture a deep internal disorder most similar to Sulphur with no characterizing symptom image of other remedy. This leads naturally to Calcarea carbonica, which carries on the work when its image comes out more clearly after Sulphur has started the reaction.

It may be the child will require further stirring up to eradicate the psoric poison. The glandular enlargement is a safe external manifestation, and will remain until the internal manifestations are cleared away, but it relieves the internal organs.

In case III. the selection of the right mammary gland for the development of a tumor, the induration of the tissues, soreness in the mammæ before menses, these and the general nervous disorder as the sequellæ of the burden of grief mark the patient most similar to Conium maculatum, though in a dozen cases of mammary tumor there might not be one other like her.

Ophthalmology.

PAIN IN THE EYE—WHAT SHALL BE DONE?

BY THOMAS M. STEWART, M. D., CINCINNATI, O.

A patient is certain to direct the physician's attention to the presence and general location of pain if it be a symptom in his affliction. The patient's manfestation of suffering furnishes a very imperfect guide as to the severity of the pain. One patient will complain little, and yet the pain may be so severe as to rob him of sleep. Another patient will grunt and groan over pain of moderate severity. Again, the same disease, running apparently the same course, will cause severe pain in one patient, and in another very little.

Pain cannot, therefore, be taken as an indication of the severity of the disease of which it is a symptom. Pain may vary considerably without that fact having much to do with the progress of the case; generally marked relief from pain accompanies an improvement in the case.

Another point, the adjectives used by patients in describing pain vary so greatly that considerable experience is necessary to appreciate the fact that these widely differing descriptions apply to the same kind of pain. It is well to get the patient to describe his pain, and later ask him: "What kind of pain did you say you had?" In this way we get a description containing more than one adjective.

The foregoing remarks apply to pain in general.

Now eye patients complain of several kinds of pain, such as smarting and burning, a feeling as of sand or grit in the eye, stinging, aching, neuralgic, a full feeling in the eye, pressing it out or a drawing backwards of the eye, aching back of the eyeball, headache. In this connection we might mention the fact that often there is an absence of pain in diseases usually accompanied by it, and lastly a loss of sensibility of the eyeball to touch, even though great subjective pain is complained of.

The smarting and burning pains are usually due to conjunctivitis. At times these symptoms are exceedingly annoying, and simple as the case may seem, they often tax the physician's patience and exhaust his skill. These pains are made worse by use of the eyes, and by wind, dust, heat and light.

To cure the case a thorough examination of the refraction may be necessary, as a small error may be the cause. Glasses prescribed for distant use, for reading or for constant use have many cures to their credit. Often these cases show decided inflammatory symptoms.

If due to acute conjunctivitis a hyperæmia is present. Due attention to the general habits and diet of the patient is often a necessary step in the treatment. The eye symptoms and the general symptoms will point to one of several remedies, and internal medication should be given a chance to cure.

A chronic conjunctivitis may be the cause, in which case a pale conjunctivitis is often noted.

In addition to the internal remedy diet is an important element in the removal of the cause, as, indeed, it is often the secret spring to unlock many a stubborn case, and the one thing needful to start it along the right road wherein the remedy can do its work and do it well.

The sand and grit feeling may be due to a foreign body. An inspection of the cornea by the aid of a good light, particularly the so-called oblique illumination, and an examination of the everted lids will disclose the presence or absence of the foreign body. Its removal, if present, generally completes the cure. Often such an examination shows little white granules in the mucous membrane. These are most often lime deposits. The cure is made by snipping them out. At other times the mucous membrane is seen to be rough, a sand-paper appearance, at the corners near the canthi, often accompanied by the same condition along the lower edge of the everted lid. To aid in the cure, if remedies fail, a thorough massage of curettement of these places is necessary. Stinging pains often accompany faulty action or cramp of the ciliary muscle. At such times the vision is suddenly blurred, the effort to again see or focus the eye is also painful.

Aching pain is found in the inflammation of the deeper tunis of the eye; it denotes a decided degree of tension of the parts, and it is most often found in iritis, irido-cyclitis and glaucoma. An iritis will show a discolored iris, sluggish acting pupil, the latter usually contracted; in such a combination the diagnosis is cleared by using a mydriatic, viz,: Atropia in 1, 4, or even 8 per cent. solution if pupil does not respond to the weaker solution. The characteristic irregular dilation of the pupil makes the diagnosis sure and the treatment fairly outlined. Atropia should be used to secure a still greater dilation of the pupil, and to preserve as much as possible of the pupillary margin of the iris from being bound down to the lens capsule.

Irido-cyclitis is iritis plus cyclitis. Cyclitis is diagnosed by palpation of the cilary body, a zone 1/8 inch wide from margin of cornea. Extreme tenderness of one or more points is diagnostic. The treatment is much the same as iritis.

Glaucoma is diagnosed by pressing with the forefinger of each hand through the closed lid, as the patient looks down. If the eyeball does not dimple to the touch or does not dimple as much as the fellow eye or your own normal eye, look out. Don't use Atropine. Blindness is not far away in any deep eye inflammation, and it lurks dangerously near when the eyeball is harder than the normal. Use ½ per cent. solution of Eserine. If in doubt as to whether the case is an iritis or a glaucoma, use a 5 or 10 per cent. solution of Dionin. Dionin sometimes causes pronounced redness, and if it increases the congestion cold applications will relieve it. Cold is not well born in iritis. Iritis and glaucoma are two dangerous eye diseases; the general practitioner when in doubt as to the diagnosis in other disorders that threaten life or are liable to impair the function of certain parts, calls in a fellow physician to help solve the problem and assume part of the responsibility. Eye diseases that threaten blindness are on a par with fatal disease. It is, therefore, necessary to act with the same good judgment in regard to them as one does with regard to general disorders.

Neuralgic eye pains usually accompany lesions of the fifth nerve. The pains are severe and persistent. Discriminating care is necessary to differentiate the pain of a neuralgia from the pain due to an eye inflammation.

Headache with fullness and discomfort in the eyes the very often due to eye-strain. Headaches accompany fevers, organic disease of the brain and its membranes, or reflexly from disease of uterus, ovaries, etc., and headaches often are of toxæmic origin. Excluding these as causes eye-strain is a cause of a large percentage of headache. There is no special character to the pain. The refractive and muscular errors of the eye have caused headaches located in various parts of the head with pain of a constant or intermittent type; felt on use of eyes or coming on at variable times after their use. Recurring at regular and irregular intervals. Again these headaches may be aggravated by hunger, exposure to heat or cold, indigestion, etc., or they may be independent of these. In a great many cases eye-strain and muscular weakness may be but one factor in the chain of causes; but until this source of nerve waste is checked a cure cannot be obtained. When the eye is one of the causes it is an important one, because it can be reached in a direct manner. perhaps paving the way to a cure by other additional means.

Loss of sensibility of the eye, especially the cornea, to touch, may be found in herpes and glaucoma, and yet intense pain may accompany it.

Absence of the eye pain has been noted in optic neuritis, retinitis and, plastic chorpiditis. Sometimes a quiet iritis may be encountered. Cataract is quite a painless affection. All of which, the presence or the absence of pain, demands a careful examination when eye symptoms are present.

Addresses.

ADDRESS BEFORE THE VOLUNTEER BOARD OF SCHOOL INSPECTORS OF THE CITY AND COUNTY OF SAN FRANCISCO.

BY JAMES W. WARD, M. D., PRESIDENT BOARD OF HEALTH.

Inauguration of the school inspecting service. The Board of Health desire me to express their due appreciation for the earnestness that you have shown in meeting them tonight, and for the cordial reception that you have accorded the idea of school inspection for the City of San Francisco. It is impossible to justly estimate the value for the present and the future of your labors. It will, however, I am sure, always prove a pleasant thought in reflecting that you have given of yourselves to the cause that needs assistance and to the up-building of a future generation.

You have banded yourselves together in a definite organization to inaugurate a crusade against the

retention in the public schools of those who by misfortune or neglect have become a menace to the healthy school children. You will by careful discrimination raise the standard of medical knowledge, and by your keen perception eliminate through early recognition all contagious and infectious diseases, and thereby afford liberal help to the Board of Education in maintaining healthy classes, which will favor greater help to the healthy on the one hand and sustain a higher grade of scholarship on the other.

Regular and daily systematic medical examination by the physician is a demand made by the modern recognition of preventive medicine and its full significance is becoming more apparent.

Medical inspection means that the pupil and not only the educational system is being considered, and the objects embrace a two-fold measure, first, to reveal and correct unsanitary conditions existing in the school which may act as predisposing or exciting causes of disease, and secondly, its functions are to detect disease, and especially those of a contagious or infectious character. That the experience of those familiar with this subject has been unanimous in extolling its value not only in improving the hygienic surroundings of the school child but in detecting many diseases which had otherwise remained undetected, and especially in locating early cases of diphtheria, etc., certainly implies that it deserves the greatest attention. The value of inspection shows itself along numerous lines affecting the condition not only of the child but also of the teacher, the parents and the community at large. It has proven to be an important factor in the education of children and especially their parents in matters relating to personal and home hygiene, and it has directed the attention of health and school boards to improvements and reforms which before had not attracted attention.

As "the aim of an educator must ever be the development of the fullest and soundest mental, moral and physical life of which the particular individual is capable," the question of ascertaining and caring for those not able to come up to the normal must also be seriously considered. Again, the medical inspector may be of value in directing attention to those who are nervous, delicate or defective to a greater degree than will allow them to remain in a large class with the other pupils, and the results of segregating this class of individuals, small though it may be, are most encouraging. To a limited extent this has already been done in Philadelphia, and as a result the school for backward children has developed, which has been of great value in educating these individuals who have heretofore remained in statu quo in the regular public school. Medical inspection had already in the few years of its existence done much for this small but constantly increasing group of unfortunates, to whom the State owes an education, but who are individually incapable of receiving it when placed in close competition with the normal child. The question of handling these defectives is a serious and a large one, and except for this detection in the school, and recommendation to their parents and teachers as to what should be done for them, bears no close relation to medical inspection, per se.

In order to more clearly establish the cogent reasons for the wider recognition of medical inspection, one has to consider as but one of many reasons advanced, the effect of disease upon the future career; while, of course, medical inspection will not abolish disease among school children, yet it certainly will materially reduce the prevalence of the so-called school diseases and also reduce to a minimum the dangers of contracting contagious diseases. Physical defects among the pupils of the public schools are strikingly common, so much so, that this may well be made a dogmatic statement. The inspectors in case of contagious and infectious diseases should act as agents of the health board, with all the power of that board behind them, while in the case of other affections they can have but the power to recommend that the child require treatment, and, if necessary, should not be allowed to remain at school until it has had such treatment.

The inspectors should form an organization having for its object the promotion of an esprit de corps, the discussion of subjects relating to the inspection of schools and the various measures to be employed in eliminating disease and unsanitary conditions therefrom. Such an organization in Philadelphia was productive of an immense amount of good, and the inspectors composing it published a report of the work done for a certain period of time in which it did much towards instructing the school authorities and the general public of the value of inspection. In Boston, also, an inspectors' association has been formed, and is presided over by the chairman of the board of health, while in addition to the subjects discussed as mentioned above, addresses by specialists are given from time to time on diseases of the eye, ear, nose, throat, etc.

The triple question does medical inspection act as a check upon the spread of contagious diseases? Does it protect against epidemics arising among school children? Does it prevent the infection of others? can be answered in the affirmative by the statement made in the report just quoted, that in one year 5,217 cases of contagious diseases were detected and excluded. In other words, in but one city, Chicago, 5,217 cases of epidemics were detected and rendered ineffectual for harm. The Commissioner of Health of Milwaukee states that it is hardly possible to estimate the amount of good that has been accomplished in eliminating cases that were in an infectious stage, and thus placing them in quarantine and under proper medical supervision. As an aid in discovering the source of an epidemic, or endemic of these diseases, this system presents somewhat unique features, as the cases are discovered much earlier than they have been without it, and by tabulating the cases found, it can be seen in what locality they are most numerous, thus following the disease to its original source. Medical inspection finds its especial field not so much in being able to keep the surroundings such that disease is kept out of the school, but by detecting and removing individuals with communicable diseases, which act as a focus of infection by bringing the disease from the home or street. Another factor which determines

the dissemination of communicable disease is the necessity of bringing the pupils into close contact within a comparatively small space. This is especially so in the kindergartens and lower grades where the children play certain educational games together, and are in many ways, through this influence, more likely to acquire contagious diseases than are those in the higher grades. The same thought may also be applied to the fact that the school child is of susceptible age in regard to contagious diseases, the tendency being greater to contract these affections during this time than at other periods, so that while these factors in themselves cannot be changed even by the most ardent disciple of preventive medicine, yet the dangers of increased susceptibility under such conditions can be reduced to a minimum by the measures which are here advocated.

Exceedingly favorable results have been obtained in detecting infectious diseases in the homes of school children, and thereby preventing its entrance into the school, by having the teacher report to the inspector all children who have been absent from school for four or more consecutive days, or children who have been absent on account of illness, but who are unable to state the nature of the illness on their return to school. In the first class, the inspector on receiving the report of absence ascertains at the home of the child the nature of the illness, and if it is contagious, enforces the usual rules in regard to quarantine, or in States where compulsory educational laws are in force the truant officer visits the home to determine the cause of absence from school, and in case of illness reports the facts, when the school inspector proceeds as mentioned. Evidence has accumulated to show that this has been of considerable value in eliminating such diseases, and in nearly every place where such measures have been enforced, epidemics have been prevented from gaining a foothold. In the case of those returning to school after illness, the problem is a little more difficult, as many children return after diphtheria with the Klebs-Lœffler bacilli still on their mucous membrane; or after measules while still capable of communicating it to others, and after scarlet fever before desquamation has ceased. Where quarantine laws are rigidly enforced such dangers are reduced to a minimum, but still a small number of children return before all danger has passed, while where such laws are lax, especially in rural districts, the dangers of propagating the diseases mentioned are correspondingly enhanced. Where the medical inspector acts as an agent of the health board, it becomes his duty to examine the child, or certify to a negative culture if possible in cases of diphtheria, and until he has certified that all danger of infecting others has ceased to exist the child should not be allowed to return to school; while the children who have returned after unknown illness should not be allowed to enter the class room until it has been definitely ascertained that they or any one in their family have not suffered from a communicable disease, or in case such is found to have existed, the proper precautions should be enforced until the inspector has decided that it is perfectly safe. Almost daily the inspector will be confronted with cases in which he may suspect the beginning development of an infectious disease, but in which the symptoms are not sufficiently pronounced to enable him to make a diagnosis; tonsillitis especially is apt to produce considerable confusion in this respect, but definite measures should be taken and the child should be debarred from school until the diagnosis either made by the family physician, or preferably by culture, indicates that the throat trouble is harmless. Too great care cannot be exercised in this respect, but it is better to err on the side of safety and temporarily exclude a single pupil than to expose the entire class to what may be the beginning of an attack of diphtheria.

Practically of the contagious diseases, diphtheria is the most serious one frequently encountered, and is responsible for many deaths among children of school age. During the census year, 1900, there were 16,475 deaths from this disease alone, the great majority being children of school age, while the number of cases it is impossible to determine, although they were undoubtedly over 100,000. No disease is more dreaded in the home and in the school than diphtheria, yet it lies in the power of those in authority to greatly diminish the mortality rate and also to decrease the number of cases by adding in addition to other sanitary measures commonly in force the medical inspection of schools, so that incipient cases will be detected and early treatment, especially the administration of antitoxin, will greatly reduce the mortality, at the same time also diminishing the tendency to the infection of others. That diphtheria in recognizable stages is comparatively common in the schools can readily be shown by the cases found there. During four months in Chicago, 1,417 cases of diphtheria were located, and as the result of this work, the statistics of diphtheria for the year preceding medical inspection and the first year of its operation suggest an important lesson. During 1899, the year preceding medical inspection, there were 3,931 cases of diphtheria with 843 deaths, while for the first year of inspection there were but 3,303 cases and 797 deaths, a decrease in cases of 628, with 46 fewer deaths. From January to May, 1900, 170 cases of this disease were found in the schools of Chicago, while for the year ending June 30, 1901, 193 cases were found, surely enough to indicate to any thinking mind that this is a serious problem in preventive medicine.

While scarlet fever is not near as frequent as diphtheria, yet in the last census year it was the cause of 6,333 deaths, while in those who recover it is the most frequent cause of suppurative otitis, and its sequelæ may be seen wherever any considerable group of children are gathered togther. While in comparison with other affections its numbers in the school seem small, yet on account of its extreme virulency each case exists as a serious focus of contagion, and represents the basis of a formidable epidemic. Yet such cases have been found in school, 306 were discovered in Chicago, while a comparison of the number of cases for the years preceding and following inspection showed a decrease of 2,325 cases with 307 fewer deaths following the first year of inspection. The danger from

this disease in the schools is dependent to a great extent upon those pupils who have returned before desquamation has been completed. Such cases, however, should be detected by the inspector and immediately returned to quarantine; no case of scarlet fever under any circumstances being allowed to return until desquamation has entirely ceased.

Measles, chicken-pox and whooping cough are all considered by the laity to be of little moment, and as a result it is of daily occurrence to find children with these diseases regularly attending school. This is especially so in measles and chicken-pox, where the eruption is slight and not detcted on casual examination, while in whooping cough, where the spasmodic outbursts are infrequent, the child is kept at school until he has a paroxysm in the class room which usually leads to his detection. Many health boards do not officially recognize these diseases, although measles and whooping cough are responsible annually for 12,866 and 9,958 deaths, respectively, a greater mortality in each instance than from scarlet fever. These three affections undoubtedly form a large majority of the acute communicable diseases found in the school, and the first two should receive sufficient respect from the authorities, both health and educational, to prevent the annual outbreaks which are initiated a few weeks after the beginning of each term of school. That these diseases are prevalent and attend school daily can readily be seen in the following figures: In Boston in 1895 there were found 28 cases of chicken-pox, 116 of measles, and 33 of whooping cough, while for 1900 121 cases of measles, 108 of chicken-pox and 62 of whooping cough were excluded by the inspectors. In New York City in two weeks six cases of measles, four of whooping cough and 23 of chicken-pox were found, both measles and chicken-pox being recognized as contagious diseases by the Board of Health, quarantined accordingly, and are not allowed to return until recovery has ensued, and the premises have been infected.

Regarding these three diseases alone, medical inspection deserves respectful attention at the hands of sanitarians. As directly relating to this subject, the influence of measles upon school life has been studied by Schafer, who found in four years in Schleswig-Holstein that the schools had to be closed 82 times on account of epidemics of measles, and on several occasions they were closed on account of a lack of sufficient scholars to attend, nearly all being ill from the prevalence of this disease. While Armstrong, the medical officer of health of Newcastle-upon-Tyne, closed all the schools for four weeks on account of the prevalence of measles and whooping cough, and the epidemic was suppressed, while during a similar epidemic the following year the experiment was tried of closing each school where scholars were taken ill only long enough to allow of disinfection, and it was found that as far as measles was concerned it was followed by its extinction. In one school in which there were 44 cases in three weeks preceding disinfection, after the first two weeks the number fell to three in thirteen weeks.

So few cases of tuberculosis, especially the pulmonary form, have been found that for practical purposes little attention need be given it here. When a case is discovered, however, I believe the inspector should advise that the affected child should not be allowed to remain in school, and this for two reasons: First, because healthy children should be protected from this disease, and the second reason, which seems to admit of little argument, is that for the best interest of the child it should be placed under conditions favorable for the cure of the disease if such are possible, and, therefore, should not be allowed to remain in school where it must inevitably forfeit its life for a partial education which will necessarily be of no value to it.

As regards the contagious diseases previously mentioned, and more especially diphtheria, medical inspection has proven of not only a direct but also an indirect value, by, in many instances, shortening the period of quarantine placed upon the case, and this has resulted from the early detection of this disease in school, and thereby the material shortening of the course of the disease by prompt and early treatment; especially is this so since the introduction of antitoxin.

In contagious diseases it has caused in some places a better understanding among parents of the necessity for isolation, and while this is essential in the suppression of this class of diseases, is no doubt being constantly evaded, yet from the testimony of those connected with medical inspection in one way or another, numerous instances have occurred in which previously a contagious disease was not reported, but after the effects of this measure had been but partially demonstrated the presence of another case of diphtheria, for instance, in the same family, was promptly reported. Isolation has been also aided by these means, as many of the cases are diagnosed in the school, and, therefore, placed under the control of the health authorities as soon as the child reaches home, thus absolutely preventing the least pretense of evading quarantine measures.

By removing many sources of contagion in communicable diseases and by detecting physicial defects and various ills in the scholars, the interruption of school work through illness is reduced to a minimum. Of course, it is impossible to estimate with any degree of accuracy the number of days of school attendance gained by the child as a result of medical inspection, but it must be considerable, especially as the result of detecting defects of the special senses, where correction means days at school which had been lost in the past by headaches from eye-strain or frequent attacks of coryza and acute inflammation of the upper air tract from the presence of enlarged tonsils, adenoids, etc.

An important aspect of medical inspection that has been much neglected is the examination in the lowest grades, especially the kindergarten and allied classes of the younger children. On account of the frequency of communicable diseases among children varying from five to ten years of age especial care is necessary to prevent the infecting of many from one or more sources, and while the so-called school diseases have not to any great extent developed at this time, yet the detection at an early age of eye or ear defects or abnormalities of the respiratory

tract is of paramount importance, and in addition to a physical examination at least once each term daily inspection for the purpose of preventing various diseases from getting a foothold is most imperative. This is demanded not only as a general preventive of disease as among the higher grades, but is markedly so on account of the methods employed in teaching and amusing these children, as they are brought into close contact one with another, and in many ways the opportunities for developing contagious diseases are here greatly enhanced.

Daily medical inspection of schools was first successfully inaugurated in Boston in 1894, as a result of an usual prevalence of diphtheria. In New York City medical inspectors were first appointed in 1897, and 134 physicians were selected to visit the schools daily, while in Philadelphia and elsewhere it was in 1898 that their results were secured. Boston and New York City at the present undoubtedly lead in the care exercised by these respective municipalities over the health of the school children. Wherever a school house is located a field is at hand for the practice of medical inspection, and the subject is one of no limited extent, but is as broad and far-reaching as the existence of disease; so should every individual, professional or layman, have some interest in anything that will aid in preventing the sickness of the child or in avoiding its contact with any having a communicable disease.

A. K. Whitcomb states that a phase of the subject which has been attracting widespread attention in recent years has been the study of children physically defective. Tests in this country and Europe have shown a startling prevalence of defects which have been unsuspected by either child or parent. School children are of a susceptible age, not only as regards their liability to contract contagious diseases, but to a marked degree to structural deviations from the normal, so common during this, the formative stage This is especially marked in girls, notably so in the high schools, a recent series of papers by Lovett and others showing this clearly, and the conclusions that girls are not as well on the average when they leave school as when they enter seems to be borne out by actual facts. I am sure no one can go into a public school and not find at least one and more often several pupils requiring medical attention. Sprattling in a class of 40 pupils, in Springfield (Mass.), found two consumptives, an epileptic, three with inherited syphilis, a typical moral degenerate, and many suffering from defects of the teeth, tonsils and ears. It has been estimated that 11 per cent. of the public school children are unfitted to enter into competition with their healthy fellows, and these requiring medical inspection before they can receive the education which is their due.

Among 104,629 school children investigated by various observers, it was found that there was a surprising amount of ill health, especially among girls. Eliminating accidental or acute illness and myopia, the morbidity varied from 20 to 71.7 per cent., the latter in Stockholm, among girls. While the morbidity of school children has been fairly well ascertained, the question of mortality presents an entirely different aspect and practically embraces the mortality of youth in general, which, of course, cannot be applied to the results of school life upon the child. From careful studies made by Chalmers, of Glasgow, a great improvement has been effected in the health of school children during the past twenty years, the decrease in the death rate of individuals from five to fifteen years of age amounting to about 38 per cent. in the time specified, which is equivalent to an annual saving of 2,696 lives out of every million of school age in Scotland. The result of the adoption of hygienic measures, especially as regards medical inspection, is also shown by its effect upon the reduction of the mortality, for as a result of this inspection in Chicago, the mortality of diphtheria for the months of September and October, 1900, had been materially reduced, there being 42 and 77 deaths, respectively, for this year, while for the two similar months for a number of years the mortality was 85 and 127, respectively.

While the majority of communicable diseases incident to child life occur in the public schools as the result of bringing a number of individuals into daily, close contact for several hours at a time, yet there are a number of diseases which seem in their development to bear a close relationship to school attendance, and which, therefore, may be grouped under the title of school diseases, or preferably diseases incident to school life. These may be grouped as those of the special senses, especially refractive errors, and to a much less extent various affections of the ears. Many cases of curvative of the spine are also assignable to this cause, and nervous affections are common, especially headache, insomnia, minor grades of chorea, etc. Affections, especially of the upper respiratory tract, undoubtedly have a near relationship to school attendance, while general infectious diseases, parasitic diseases and contagious diseases of the skin and eyes have in some respects a close affiliation. Neurasthenia or various nervous disorders are especially common among school children, and near the close of each term of school it is the experience of almost every practitioner to see a number of cases, especially in girls of the higher grades, where physical breakdown is the result of the close mental application during the school term. Practically about all the diseases to which children are heir are embraced in school diseases; but two classes are especially applicable to the subject as considered here; the first being those affections which are the result of the school work, or which are aggravated under these conditions, while the second class, which has of late attracted most attention, are the communicable diseases which may or may not be of a dangerous character. No one can doubt the deleterious effect produced by ill-health upon the capacity of the pupil for study, and numerous instances might be related to show the failures made not only while the child was at school but even extending into later life, by unrecognized physical defects which could be repaired in time, making a useful child instead of one only partially so, if some attention had been paid to his physical condition, as is done in those schools where medical inspection is a part of the daily procedure. A. K. Whitcomb gives a striking example of a boy of five who attended school a half year without learning a single letter; finally after this time had

been wasted, it was found that he was so astigmatic that it was impossible for him to see a letter, while remedy of the defect showed him to be as competent as the other children.

Duties.

The duties of the inspector commence with the time of his daily visit to the school; usually he is expected to make his morning visit between 9 and 10, thus giving the teacher time to note those who appear to be ill, and have them ready for the medical examination when the inspector arrives. A partial or complete diagnosis, if possible, may be made of the various cases, but unless the disease is clearly of an infectious or contagious character, it is usually advisable to send the child home with the advice to the parents that it requires medical attention. In case the disease is infectious or contagious, the child should be sent home immediately; in case of doubt (diphtheria) a culture should be taken, and in addition to notifying the parents, the proper health officers should also be advised promptly, either by postal, as seems to be the method mostly in use, or better, by telephone. Under such circumstances if several cases are found he should visit the several class rooms in the school building, paying special attention to the one from which the suspected case or cases originated, and examine every pupil, making cultures from those who present any evidences of sore throat. From time to time tests should be made for defects in sight or hearing, and careful attention should be paid to pupils who present any evidence of ill health, chronic or otherwise, or who by mouth breathing suggest nasopharyngeal trouble. Once a year at least, the inspector should examine all children, irrespective of a physician's certificate, as to the presence or absence of a well-marked vaccination cicatrix, but under no circumstances should he suggest any treatment or in any way interfere with the family physician.

The volunteer corps of school inspectors are relieved from any service relating to the sanitary conditions of the building, but it will come wholly within their province when any condition pointing to unsanitary conditions are found to report such to the district health officer, who will in turn pass it to the sanitary bureau for correction. All conditions that may be found prejudicial to the health of the pupils relating to the temperature of the school rooms, the posture of the students, etc., are necessarily wholly within your province. In addition to notifying at once the teacher and the parents of the presence of a contagious disease, you should also send to the district health officer a report of all children excluded from school and a monthly report of a complete list of the pupils examined, and those presenting any evidence of disease. The diagnosis of measles or scarlet fever made by the school inspector will, upon notification at the health office, be confirmed at the home of the child within twenty-four hours by one of the officials of the board of health. While in emergencies, as an outbreak of diphtheria, scarlet fever, or measles, or small-pox, the reports should be made immediately from the telephone to the central health office. Children with severe attacks of tonsillitis are also excluded, and a very wise measure requiring aseptic measures of examination by the use of wooden tongue depressors would be a useful innovation.

One of the earliest facts which drew the attention of investigators to the health of school children was the predominance of eye affections, and as a result, probably more attention has been directed along these lines than to any other affection of the health until very recent years. Ware, as early as 1812, showed that the school-room was a frequent cause of myopia, and undoubtedly from the early recognition of eye defects in school children medical inspection had its inception and gradual evolution. It is impossible here to more than outline what has been done for the eyes, what has been found, and to consider the subject briefly in its relations to the medical inspection of school. As regards the eye affections of school children, two broad classes may be differentiated for practical purposes; first, those diseases, contagious or infectious in nature, of which purulent conjunctivitis is an example and which should be grouped with such diseases as erysipelas, ringworm, diseases of the scalp and scabies, and in which the affected child should be excluded from school until cured, but differing from diphtheria, measles, etc., inasmuch as only the child affected is not permitted to attend school instead of this latter group of diseases, where all children in the same house are also excluded. These contagious eye affections are common in the schools and unless properly handled, give rise on frequent occasions to more or less disseminated epidemics.

A more complex problem and one which has a great influence on the career of the pupil, is the various changes in the eye affections which alter the sight and accommodation. While tests sufficient to determine the presence or absence of a visual defect do not necessarily require the experience of an expert to properly perform them, yet they should be made by a physician to obtain the best results.

The studies of Butler seem to sum up this matter of visual defects of school children in a most admirable manner; he says that refractive errors are extremely common, being present in as high as 50 per cent.; these errors are of great importance on account of the immediate symptoms aand disabilities which follow their neglect; they are important factors in the production of many painful and disabling affections common enough in childhood but still more so in adult life; and their early correction is demanded not merely as a means of therapeutics; but as an important measure of preventive medicine.

Of the minor group of diseases as regards numbers which has come to the attention of the inspector, diseases of the ear and especially those attended with impairment of hearing have suggested the importance of detecting the defects on account of the harmful influences exerted upon the pupil. Suppurative otitis media is quite commonly found in the school, but bears no relation in its etiology to school work and is of importance to the medical inspector inasmuch as its detection is often followed by a complete change in the attitude of the pupil towards his studies. Unlike eye defects impaired hearing has no effect upon the general health of the individual, but it does seriously impair his ability to properly perform his school work.

Sexton found that 13 per cent. of school children had partial deafness, and of these only 3 per cent. were aware of their difficulty in this respect. In the few places, such as Cleveland, where some attention has been given to the hearing, the tests have been made by the teacher, a practical method being that of Gale, by which the pupil with chalk in hand stands facing the blackboard and the teacher dictates isolated numbers of words which the pupil writes on the board. Should he not be able to hear properly, this will be readily detected. While this method is fairly satisfactory and enables a rough estimate to be made of the hearing capacity, yet it is far better to have the medical inspector make such examination of the pupils at the beginning of each term in conjunction with the visual examination, and from time to time thereafter of all new scholars and of those suspected of having hearing defects.

Defects of breathing or chronic inflammation of the upper respiratory tract are exceedingly common, and when of small degree, apparently exercise little harmful influence, yet they have a tendency to increase in severity and also to be augmented by unhygienic surroundings. The child with enlarged tonsils or a naso-pharynx filled with adenoids is not capable of doing good work, and the result of proper treatment of these cases amply justifies the work of the inspector in detecting the disorder. Another factor which these children present is the increased susceptibility which they afford to the dangers of contagious diseases; especially is this true of diphtheria, and the child with catarrhal processes of the air passages, enlarged lymphoid glands of tonsils, not only is more liable to contract these contagious affections than is the healthy child, but his chances of recovery are also much less. As a result of the first year's examination in the Boston schools, diseases of the throat constituted a large proportion of the diseases found in the children, and 1,749 were so affected, while of 8,964 pupils examined at a later period, 3,943 suffered from oral and respiratory diseases. Durgin has forcibly called attention to the excessive prevalence of diseases of the respiratory tract in school children, and he found that of 9,188 examined, 5,689 had acute or chronic diseases thus located, while for the year 1900 the inspectors found 2,609 oral and respiratory diseases; four months' inspection in Chicago resulted in 689 cases of tonsillitis being found, and at a later period 788 children were temporarily excluded for the same cause.

It is probable that 11 per cent. of school children will be found suffering from some physical defect or illness interfering with their work, while 9 per cent. will be not too high for those who are too ill to study and to require medical treatment. The board of health is pleased to report to you that you will be relieved from all eye inspection, inasmuch as a special corps of inspectors under the direction of Dr. Louis Deane will give this their special attention. It is most noteworthy to report that of 30,045 children who were examined in Cleveland in '99 and '00, that 20 7-10 per cent. were found to have defective vision, while in a single school 23½ per cent. of the pupils had defects of the special senses. This certainly points to the very great importance of the special sphere of school inspection which will largely increase the learning power by bettering the conditions for study.

Probably the chief value of medical inspection is the immense service that it has rendered in checking the spread of contagious diseases, and, therefore, preventing epidemics or endemics. It certainly stands to reason that there is much less danger of a child contracting diphtheria, scarlet fever or measles, for instance, if another child with any of these affections in close contact with it in school is immediately removed at the beginning of the morning session instead of remaining the better part of the day. Without medical supervision in some form such a condition has in the past and must in the future inevitably exist until the ill child becomes so sick that attention is of necessity directed to it. With inspection this most common method of transmitting disease becomes to a great degree obsolete, and an advance will necessarily be made in preventing epidemics of such diseases as are common to the school age. I believe we have no better single factor in preventing disease and also in the early detection of a large and serious group of affections than the adoption of this measure.

In New York a marked check has been noted from time to time upon the spread of contagious diseases, while a committee in Philadelphia of medical inspectors, as a result of a year's daily experience in the schools, felt warranted in stating that epidemics have been averted by the early detection and exclusion of many of the cases, and that large numbers of children have been saved from unnecessary illness by detaining from school the sick, the uncleanly and the vermin ridden. Arnold has probably demonstrated the value of medical inspection most clearly in its relation to epidemics, where in a class of 40 pupils, 14 were affected by diphtheria, and four children in the families of these were also affected. As soon as the epidemic was recognized four suspicious cases were sent home and recommended to the care of the family physicians, while every throat in the entire class was examined, and a culture taken in all suspicious cases. The usual precautions were observed in the class rooms as regarded disinfection, etc., and for a week and a half throats of all the children present were examined every morning, no pupil with suspicious symptoms being allowed to remain until the culture showed a negative report. Notwithstanding that the epidemic had progressed to such a degree before it was discovered, as a result of these measures no further cases were reported.

Among the conditions found in large numbers by the inspectors, parasitic and skin diseases have been especially prominent. In Chicago during the first few months of inspection, 193 cases of impetigo, 241 of pediculosis, 76 of ringworm, and 48 of eczema were found, while in one year 1,289 such cases were denied attendance at school. Boston schools in 1900 contained 3,421 cases of all kinds of skin affections, and so common is pediculosis that the usual rule of referring the child home for treatment is abrogated, and in addition to a special card to the parents stating the conditions it also contains

printed directions for killing the parasites, accompanied with a printed prescription for petroleum to be used for this purpose. From October 1, 1901, to February 1, 1902, there were found in the schools of Newark 1,041 children with these affections, the greatest number being those classed as vermin, of which there were 861 cases excluded, while in Philadelphia within a few months 1,282 cases of skin and parasitic diseases were found, the majority of which were communicable. So prevalent is it for these affections to be brought into the school and there disseminated, especially by the uncleanly and poorer class of people, that quite extensive epidemics are occasionally produced.

Where the system of medical inspection is thorough and contemplates a complete supervision of the health of the pupils, both as regards diseases that may be brought into school by them and those which may develop as the result of being at school, in contradistinction to inspection which had for its objects purely the elimination of contagious diseases, a group of so-called school diseases will come under the consideration of the inspector and demand considerable tact and patience before appreciable results will have been obtained. Such a group comprises the milder grades of spinal affections, and a very large group of nervous affections or neurasthenic symptoms, the causes being as varied as the individuals that make up this class and cannot be noted here except that over-study and improper posture are responsible for many cases. Mild grades of spinal deformities are largely incident to school life, especially between the ages of six and fourteen years, and it is probably present in at least 10 to 20 per cent. of school girls, while frequently accompanied with nervous disorders, headache, etc., it naturally keeps the affected individual handicapped, and should be carefully watched for both by the teacher and the inspector.

As regards neurasthenic symptoms an increase approximately of from five to 50 per cent. has been found from the lower to the higher grades, so that by careful observation and suitable suggestions the inspector is capable of doing an immense amount of good in this single field alone. The very familiar "nerve sick" school child is unfortunately very common. In England, Warner found 11 per cent., and among the school children of New York, Hamilton found 20 per cent. with various neurasthenic phenomena, while in the higher schools of Moscow nearly 70 per cent. had some nervous malady.

Other diseases characterized by prominent nervous phenomena are also found by the medical inspector, and are of import not only to the affected individual himself, but have a most demoralizing effect upon the children with which he is in contact. Epilepsy, chorea, etc., are the diseases to which I here wish to refer, and while they exist in the school in but small numbers, yet for the sake of the individual and of those forced to witness paroxysms of these affections, they should be placed under other aspects than those of the public schools. An observer in Springfield (Mass.), found an epileptic and a typical moral degenerate in a single school room, and the same observer justly says: "Right in the public schools is the successful fight against crime, insanity, epilepsy and feeble-mindedness to be fought and the battle won if properly waged." While another observer while in a well-kept school room was suddenly startled by the sound of a falling body due to one of the scholars having an attack of epilepsy, which was of frequent occurrence. That these are not isolated cases and that such affections are present in the schools is shown by the medical examiner of Salt Lake City, where with but a single man doing the work, and necessarily at infrequent intervals, five pupils mentally deficient were found, and a girl suffering from epilepsy had to be excluded on account of the consternation produced by her attacks and the general unrest occasioned by the fear of their recurrence. While in Boston during 1900, there were found 14 cases of chorea and six of epilepsy, and in Newark five cases of chorea were found, and in both these places no special investigations were conducted for nervous affections.

A further duty of the inspector is his determination by personal examination of the presence or absence of a successful vaccination cicatrix on every child admitted to the school. In many places during the past three years on account of the prevalence of variola, this has been insisted on from time to time, and its enforcement depends upon two factors, first, the nature of the legal requirements of the city or the State, and secondly, the medical inspector. The future presence or absence of smallpox in this country will undoubtedly to a great extent be influenced by the successful vaccination of school children, the good effect observed from this measure being those due not only to the exemption of the school population from vadiola, but many parents are thus influenced favorably, and will be vaccinated when they had refused before. As an essential requisite for entering school, vaccination should have the same place as other necessary requirements, and should be legally insisted on.

Of the many indirect results of medical inspection, especially where it has embraced more than the detection of communicable diseases, has been the effect upon the personal hygiene of the child. Children who came to school unkempt and often unclean despite the efforts of the teacher to improve their condition gradually improved in their personal appearance, not only at school, but they were also more cleanly at home. While this may in itself appear to be a trivial matter, yet it makes a considerable difference as regards such affections as pediculosis, skin diseases, etc., and after the pupils realize that the efforts of the inspector are directed toward their good the number of such communicable diseases will decrease to a great extent. While medical inspection has thus been of value in improving the personal hygiene of the scholar, it has also been of benefit to the teacher in enabling her to remove ill scholars and by detecting physical defects such as those of sight and hearing. It is surely easier to teach a normal individual than one ill, or unable to see or hear normally, and for every child that has been helped by the detection and removal of these defects the work of the teacher has been correspondingly lessened. It has also instructed her in various aspects of school sanitation, and as she is necessarily a foster parent of the children under her care

for the better part of the day, and often a better foster parent than the real parent at home, by increasing her ability to detect an ailing child the results have been most beneficial. What has been said in regard to the teacher and the pupil is also true to a considerable extent as regards the parents. Instances are continually being presented where a parent antagnostic to the measures at first has soon seen their value, and not only endeavored to detect the early signs of illness in their children at home instead of sending them to school, but the interest of the parents has been gained, and a decided step has been made in showing them that preventive medicine has a place not only in the school, not only something which immediately concerns the physician and sanitarian, but it is an essential factor in the home.

In carrying out the ideas embodied in a system of medical inspection of schools, the relation of the individual scholar to the means employed for his education are considered as bearing upon the physical welfare, and to obtain the best results from the educational point of view the physical strength of the individual as regards his routine work must be taken into consideration. In the majority of public schools little or no efforts are made to give instructions towards conserving health and detecting the early stages of the common and often fatal diseases. Michigan has, however, recognized the necessity for this measure, and the so-called "Michigan idea" will well bear copying elsewhere. It consists essentially as a result of the law passed several years ago that there shall be taught in every year in every public school in Michigan the principal modes by which each of the dangerous communicable diseases is spread and the best methods for the restriction and prevention of each such disease. The State Board of Health sends annually to each public school superintendent and teacher in the State such printed information as will enable them to comply with the instructions of this wise law. Such a valuable measure in connection with medical inspection as here advocated would without the least doubt be the means of preserving many lives which are annually lost for the want of such measures without considering the enormous financial gains to the State.

Any measure that will preserve the resisting power of the individual against disease is essentially based upon as sound a principle of prevention as is that which for the same reason endeavors to keep away disease from the individual by preventing him coming into contact with cases of that particular affection. The tendency of the school leads in many instances to the physical deterioration of the school children, and sanitarians have been and are doing much to make the conditions around them as near ideal as possible, this factor of physical education causing necessarily added risk of lowering resistance still remains a force to be combated.

Quite suggestive from the economic aspect is the relation between medical inspection and the extent of losses due to preventable ill health and deaths. There can be no gainsaying but that preventive medicine adds vastly to national wealth both in the saving of life with its earning capacity, and the lessened cost of fighting disease, as preventive measures become more generally adopted and the results become more apparent. While a low estimate of the value of a human life would be 1,000, yet should one-half this sum be taken for such purposes, the saving of lives by properly exercised medical inspection alone would be the means of placing a vast sum to the credit account of the nation.

Like other measures which have a direct bearing upon the prevention and transmission of disease, objections have from time to time been offered, but in the light of its successful operation have been found to be groundless. It is a pleasure for me to say that the present board of health do not represent a political body, and while they are most grateful to Mayor Schmitz for the unstinted confidence that he has rested with them they are bound to no creed other than the up-building of a stronger city and a better community through the introduction of wholesome and modern sanitary ideas. We believe that you will undertake and perform your part in the creation of a better San Francisco through the various means suggested for school inspection, which ultimately will lead to a larger and healthier community.

Homoeopathics.

SCYLLA AND CHARYBDIS.*

BY W. E. BOYNTON, M. D., CHICAGO, ILL.

Having a common origin with the religious vagaries of the primitive races, and controlled for centuries by an exclusive priesthood, medicine early developed the conservative character which to a great degree still pervades the profession, and while in the Renaissance the spirit of the Reformation was influencing the political and religious institutions of Mediæval Europe medicine alone maintained its conservatism, effectively silencing or ostracising every advanced thinker who sought a more rational basis than traditional teaching for the practice of medicine, and not until the apostacy of Samuel Hahenmann had opened the way for free thought and original investigation did any appreciable change occur in theory and practice. But the example of Hahnemann soon had its effect, not only in the inauguration of a new system of medicine, but in its direct influence upon the conservatism of the old school. Advanced thought became common, and although ever vigorously opposed by scholastic dogmatism, has continued to increase gradually evolving for the practice of medicine a truly scientific basis, but through its activity, dividing the profession into two opposing factions, the radical and the conservative, the one chasing every ignus fatuus appearing above the professional horizon, the other clinging with senile timidity or obdurateness to the traditional teachings of his school, and each maintaining a stolid opposition to the other, an opposition too often more abstract than concrete, an opposition based upon ignorance and nurtured by hatred.

*Presented to Illinois Homœopathic Medical Association.

When the homœopathic School was founded, it stood for advanced thought and scientific investigation, and represented the radical branch of the profession, but today many of our school must now be classed as conservatives in their attitude toward some of the more advanced methods of treatment, though these methods are neither antagonistic to, nor incompatible with, the law of similars, but founded upon natural phenomena, and established by clinical experience merit due consideration, not as substitutive measures, but as adjuvant methods calculated to assist rather than supplant the internal medicine.

Drug-therapy, the mooted question in Hahnemann's day, now offers but little ground for controversy, since the law of similars finds expression, if not free acceptance, in the text-books of all schools. The point at variance today is the importance of local manifestations of disease: 1st, As an etiological factor, influencing the nature and course of the malady; 2d, as symptoms, demanding attention in treatment of disease; 3d, as to the methods by which these local conditions shall be handled; or, in other words, the consideration due bacteria in the study and treatment of disease, and the extent to which surgery can assist in the curative process. Upon these subjects far too many of our school must now be classed as conservatives, while ultra-radicalism is rampant among the members of the dominant school.. That both these extremes are prejudicial to the scientific practice of medicine is as evident as the fact that there must be some median position which is at once rational and practicable.

While the hypothesis that bacteria constitutes the prime factor of disease is untenable, that their development within the tissues of the body gives rise to local pathological conditions, and retards the natural reparative process, admits of no contradiction. This being acknowledged, the treatment of all diseases attended by local lesion should include effective local antisepsis, when the local lesion is the site of bacterial growth and activity, and its situation is such as will allow of local measures. And in no field of practice is this truth more patent, and perhaps more frequently ignored, than in the treatment of the various diseases of the eye, ear, nose and throat, in which suitable local measures are of such paramount importance as to be but little less than absolutely essential to proper treatment. That some cases may proceed to complete recovery without these local measures in no wise invalidates the assertion.

But while bacteria constitute a causative or determinative factor in the pathogenesy of disease, their presence in formidable numbers or activity implies an antecedent depletion of the vital force, which alone can make their invasion possible, for no disease, unless due to traumatic inoculation, can claim a purely local origin, and while diseases vary in the ration of their local and systemic manifestations are preceded or attended by systemic derangements meriting consideration. Therefore, to attempt to handle disease by measures directed toward the local manifestations alone is as devoid of scientific justification as is the other extreme, wherein local conditions are ignored and attention paid only to the systemic symptoms. Herein many of us who are young in the profession fail, since aping the empirical methods of the dominant school we devote relatively too much time to the local manifestations and too little to the constitutional conditions back of them. The indicated remedy serving to assist Nature in removing the cause of the pathological condition, while surgical interference and local antisepsis find their sphere of action in removing the effects and lessening the liability to extension.

Disease manifests itself locally, as either a destructive or a constructive process, thereby dividing local lesion into two classes, destructive and constructive.

Since in the destructive form there is an actual loss of essential tissue, treatment must consist of such measures as will best prevent or lessen the destructive process, and further, since a local process, which would be relatively unimportant in the grosser tissues of the body, is capable of producing extensive tissue destruction and profound functional impairment in organs of the structural and functional delicacy of the eye, ear, nose and throat, it follows that not only must the destructive process be lessened but that most speedily, the more since extensive destruction with irreparable damage may result in an incredibly short time from the onset of the disease, and in no field of practice has proper local treatment, including prompt surgical interference, been attended with more gratifying results as compared with the dilatory methods depending largely upon spontaneous limitation of the disease process than in these destructive diseases of the eye, ear, nose and throat, and, perhaps, in no field of medicine has humanity suffered more from ultra-conservatism than in these same diseases.

When the local lesion is of the hyperplastic form, not only is there derangement of function of the affected part, but often there are circulatory and functional disturbances in adjacent structures resulting from a purely mechanical cause, the pressure incident to the local hypertrophy, and in many instances these secondary derangements are of much greater importance than the primary lesion, and may bear no direct relation to the absolute extent of the local hypertrophy it is evident, therefore, that attention must be paid not only to the part primarily affected, but also to all structures which may be secondarily involved; and further, since the local hypertrophy is not always proportionate to the secondary disturbances, the extent of the hyperplasia and the indications for treatment must be deduced not by comparison with some arbitrarily established standard, but from the consideration of the peculiar local relations in each individual case. Herein humanity is suffering no end of evil from conservatism on the one hand and radicalism on the other; from men who are not sufficiently self-controlled to think soberly, and to see conditions in their true light and importance; the ultra-conservative, seeing in all cases alike, but one indication for treatment, the indicated remedy, blind to the evil which often results from a purely mechanical cause, while he is waiting for his internal remedy to act; while ultra-radicalism cuts, cauterizes and tears indiscriminate-

ly, ignoring the truth that much might be accomplished by internal medication, which in many cases is alone sufficient, and forgetting that ignorance as to the function of any given organ is no proof that it serves no purpose in the human economy.

There must be a scientific, a rational, a common sense medium between these two extremes. Internal medicine, local antisepsis and surgical interference, each has its field of usefulness, its scope and its limitations; neither is a method complete in itself and independent of the others, but each is equally valuable in its proper sphere, that of an adjuvant to the other two, and all three as aids, not substitutes, for natural processes.

Radicalism and conservatism are equally fallacious extremes, the Scylla and Charybdis which every Homœopath must avoid would he follow the altruistic spirit of Samuel Hahnemann, the man who believed and taught that it was the physician's privilege to cure the sick; his duty to be master of every means capable of affording amelioration or relief of human suffering; his heritage every truth of science and every old woman's whim; his inalienable right the privilege of selecting such treatment as would best subserve his purpose.

THE PROTECTIVE FUNCTION OF THE ORGANISM.

BY T. G. M'CONKEY, M. D., SAN FRANCISCO, CAL.

"Nature is the physician of diseases," wrote Hippocrates, twenty-four centuries ago. This, like some of the other observations of the ancients which we have been prone to regard as vague hypotheses, the bold or poetic fancy of an over-imaginative mind, is proved by modern research with its methods of exact experiment and induction to be a terse statement of a great and important medical truth. Hippocrates explained this "vis medicatrix naturæ" in accordance with the physical philosophy of the ancients by attributing it to a spiritual essence diffused through the whole works of creation, which was regarded as the agent that presides over the acts of generation and, which constantly strives to preserve all things in their natural state and to restore them when preternaturally deranged. Why a doctrine so obviously in accord with nature, as every intelligent observer must have had forced upon him, and of such supreme practical importance from the very necessity of the principles involved, should have been so far neglected or regarded as a mere poetical conception, is past understanding. Hippocrates's attempt at explanation may have discredited the truth it was meant to explain, and at least can have no place as an explanation today. But in the light of Darwin's fecundating theory of evolution we find an explanation in the very necessity for such a function. In the struggle for existence protection from enemies, whether animate or inanimate, macroscopical or microscopical, is as important in the struggle for existence as nutrition or reproduction. Is the evolution of such a complex and perfectly adapted mechanism for protective and restorative purposes any more startling than the evolution of the eye "with all its inimitable contrivances for adjusting the focus to different distances, for admitting different amounts of light, and for the correction of spherical and chromatic aberration?" Within the highest division of the animal kingdom, the vertebrates, we can start with an eye so simple that it consists, as in the lancelet, of a little sac of translucent skin, furnished with a nerve and lined with pigment, but destitute of any other apparatus. If for the function of sight, relatively less important than that of protection, the exquisite perfection of the human eye as a living optical instrument can be attained by natural selection, is not the conclusion reasonable if not irresistible that a mechanism as perfect in its adaptation to the protective function must have been developed by the same process of natural selection.

The doctrine of evolution demands and predicates such a protective agency. Is there any positive evidence of such a specialized function? The healing of every wound is eloquent in its testimony of such a function. Even when the healing is complicated with infection and there is inflammation and suppuration, we now look upon this as conservative efforts of the organism to save itself from a general infection. This "response of living tissue to injury" is sometimes entirely apart from the nutritive process, but manifestly just as purposive and physiological. Startling as was Metchnikoff's announcement of his doctrine of phagocytosis, it has steadily gained ground. According to this doctrine any cell deprived of a cellular membrane and capable of incorporating bacteria and other substances, and of disintegrating them, is a phagocyte. They are found in the blood as large and small white corpuscles, in the pulp of the spleen and bone-marrow as stellate cells of the liver and as fixed endothelial and connective tissue cells. Metchnikoff's claims have been confirmed by other investigators. Says one of these, for example, immediately after injecting anthrax bacteria in a vein of a rabbit's ear, the organism are taken up by phagocytes. At the end of seven minutes in the liver, eight minutes in a lung and one hour in the spleen, none of the germs are free.

When it is recalled that the endothelial cells line all spaces, channels or cavities, large or small, as the peritoneal, pleural, pericardial and arachnoid, the inner surface of all blood and lymph vessels, the enormous extent of the field of operation of this phagocytosis can be realized. The capillary system, made up of endothelial cells, and where the stay of the blood is prolonged and the purposes served by it are carried out, seemingly is the great field for phagocytic activities. Sajous in his "Principles of Medicine" puts the matter graphically, thus: "Phagocytosis might possibly be made to subserve all the requirements of a function capable of protecting the organism against bacteria and other disease-breeding bodies. The endothelial lining of the pulmonary alveoli alone, e. g., constitutes a potent barrier against intrusion of pathogenic germs. The vast surface of phagocytes arranged in perfect battle array, so disposed as to at once capture, ingest and destroy any intruder as soon as he comes near enough to excite, by his own chemotactic influence, a reaction in each soldier cell; the second line of free, mobile phagocytic leucocytes in the plasma bathing the first line of defense, ever ready to pounce upon

any single enemy who may have escaped the attacks of the first line; the vascular endothelial walls, built of phagocytic cells; the slowly moving, searching leucocytes in the plasma able to send one or more pseudopodia through their stationary fixed kindred of the capillary walls, then pass into the neighboring lymph spaces themselves, to reinforce, if need be, the connective tissue phagocytic cells and surround the threatening germ; and, finally, the great cremator and eliminator, i. e., the liver, constantly supplied with a quantity of oxidizing substance which no other organ, except the lungs, can approach, all constitute a system of defense wonderful in the extreme!

But marvellous as is phagocytosis it does not tell the whole story of the natural defences against bacteria. Buchner has shown that blood serum and body fluids and exudates kill bacteria because they contain substances termed "alexins," and there is evidence that the phagocytic and alexinic action go on simultaneously.

But in some affections, as diphtheria and tetanus, the bacteria do not enter the circulation at all, but their toxins only. Here, then, is another problem for the protective function, and its perfect adaptation of means to this end is shown by the fact that in neutralizing the toxins there is a specific or purposive action, for a given poison will stimulate the cells to the production of an anti-body best suited to neutralize that particular poison. . . Whether or not we accept Ehrlich's ingenious side-chain theory to explain the modus operandi or believe with Metchnikoff that these anti-bodies are secretory products of the phagocytes is a matter of no importance. Both are probably seeing different sides of the same shield. Our absoltue ignorance of cell-metabolism and the highly complex character of the question are sufficient excuse for the two opposed but friendly camps. The establishment of the fact of the existence of such a specific function on a scientific basis is the important thing. The recent studies of these and others have done this. The production of an artificial immunity which is now done in the laboratory experiments has the same relation to the experiments that nature has been making for millions and millions of years upon millions and millions of individuals to produce perfect methods of immunity and cure as the production of a variety by artificial selection has to the production of species by natural selection. It has been contended that these protective agencies in both natural and artificial immunization are simply those which the body makes use of in its normal metabolism, exaggerated and diverted to different ends in the face of emergencies but giving evidence of the birth of no new physiological capacities. This conception is plainly due to a misapprehension of the work of the protective function. So far from only being active spasmodically, or "in the face of emergencies," it is continually on guard and performing its duty so faithfully and yet so unostentatiously, like the lightning-rod, which makes no noise in doing its duty, and for that reason is not always apppreciated in this blustering age. Bouchard in his book on auto-intoxication clearly shows that disease is always at the threshold of the individual. Every moment of his life man runs the risk of being overcome by poisons generated within himself. He says of germs: What renders possible the development of an infective disease is not the chance meeting of man and microbe. This meeting is constant, but it is generally without result. Microbes, even the most dangerous, assail us. They are spread around us with the same prodigality that nature distributes developing matter, and yet growth is uncommon. Infectious disease, too, is only an accident, because the infectious agent finds only exceptional circumstances favorable,—I do not say to its penetration, but to its development and its multiplication. The healthy man is not attractive to the microbe. Almost constantly invaded by infectious agents, he reacts against them, and in this contest keeps generally uppermost to such a point that often the disease does not even become apparent."

I will make one more quotation bearing on this point but from another medical thinker: "A multitude of disease-exciting causes act daily and hourly upon us, but they are incapable of deranging the equilibrium of the health, or of making the healthy sick; the activity of the life-sustaining power within us usually withstands the most of them, the individual remains healthy." Do you recognize the quotation? It is from that wonderfully instructive essay, "Spirit of the Homœopathic Doctrine," written in 1813 by Hahnemann, when Europe was in a turmoil from the Napoleonic wars, and yet this sentence is but a sample of the up-to-dateness of the entire essay.

How important this doctrine of resistance to disease is in the homœopathic edifice as erected by Hahnemann may be judged when in this same essay he lays down but two postulates as laws of nature according to which the only appropriate cure of diseases, the homœopathic, takes place, and must necessarily take place. I quote: "The first of these unmistakable laws of nature is, the living organism is incomparably less capable of being affected by natural diseases than by medicines."

The far-reaching doctrine of evolution enables us to understand this relative immunity to natural diseases which must have puzzled Hahnemann. In accordance with the laws of heredity and adaptation man in his slow and long course of evolution has acquired the protective function just as he has acquired other functions, and even his very form.

Granted, then, the existence of a protective function, coequal with and as reliable in its operation as the reproductive or nutritive in their spheres, what is the place of medicine? That medicines do have a positive and in some cases specific influence in bringing about a cure, is a matter of too frequent occurrence to need arguing. So well established is the fact in respect to certain medicines that they are regarded as specifics, and are common to all schools of practice, yet no one has ever explained, for example, how Quinine cures malaria. I am perfectly well aware that our "rational" therapeutists with their materialistic habits of thought attribute this specificity to its antiseptic property. There is no better authority on malaria than Sir Patrick Manson. In the exhaustive treatment of malaria occupying 148 pages of his work on "Tropical Diseases,"

he says of the action of Quinine: "In what way Quinine acts has not been satisfactorily explained. * * * That there is a protective power in the human body against the plasmodium is certain, otherwise spontaneous recovery from malarial infection could not take place. Such spontaneous recovery is no unusual occurrence. * * * This defensive element may be, in part at least, no other than the phagocyte, which we have already seen to be an active agent in attacking and destroying the plasmodial spores on the breaking up of the mature parasite." He even accounts for the intermittency of malarial fever by "the more or less fixed life-span of the plasmodium, and the recurring diurnal deficiency or debility of a protective plasmodium destroying agency inherent in the human body."

I submit that it is more rational to attribute the curative action of Quinine to its rendering more efficient this plasmodium destroying agency than to assign plasmodium destroying powers to the Quinine, a hypothetical assumption that has not only not been proved but has actually been disproved in the case of other very closely allied blood protozoa. Manson says: "It (Quinine) has no effect on the hæmocytozoa of birds and reptiles, or on the trypanosoma of surra." If its action was simply as an antiseptic or disinfectant, why should it not affect these closely allied species? Or why should it not affect the plasmodia that cause severe and malignant forms of malaria? Or why should it ever fail to cure malaria, as the simple antiseptic could always be obtained? No, its action is on the vital forces and not a direct one on the blood, i. e., dynamic rather than material. I wish to give one more significant statement from Manson: "Strange to say, Quinine, especially in small doses, seems sometimes to wake up latent malaria and to bring about an ague fit." Significant, did I say? Yes, to the homœopathic physician. This so-called ague fit is the similimum, and explains to the believer in the law of similars why Quinine cures malaria. I say "why" rather than "how," for Homœopathy makes no pretension of knowledge of the modus operandi. This pretension of knowing the "how" we are willing to leave to our "rational" therapeutists of the other camp. We can no more understand the processes of cell-metabolism in the function of protection than in that of nutrition. The use of specifics as Quinine, Mercury, Iodide of potassium, and the others is purely empirical, and does not rest upon rational ground at all, for nobody can explain their mode of action. The homœopathic physician whose rule for the selection of a remedy is accepted as an empirical fact is much more consistent in the use of these specifics than the man who makes a pretense of rational therapeutics. And this without taking into consideration that the evidence shows that their curative action is probably dynamic and in accordance with the law of similars.

In still another aspect has this fact of the existence of a highly complex protective and restorative function a bearing upon the homœopathic doctrine. To me it is a logical explanation of the law of similars. Acute disease is the state of the organism with all its reserve forces of protection in the most strenuous functional activity. Perhaps some of the symptoms are the direct effect of the morbific agency, but when fever and the inflammatory process are shown to be conservative and curative efforts on the part of the organism, and this has been done and is the accepted teaching among enlightened physicians today, it becomes less necessary to invent hypothetical toxins to account for them and other symptoms of disease. Hahnemann appreciated this when he wrote "'we must remain unable to determine which of the morbid symptoms are primary effects of the morbific agency, or which are to be considered as the reaction of the vital force in its spontaneous curative efforts."

When these views of disease are the accepted doctrine, as seems likely, if one may judge by an impartial view of the tendency of modern medical research, the absurdity of "meeting the symptoms" by some antagonistically acting remedy, some antiremedy or measure, will be seen by our "rational" therapeutists. Certain it is that the believer in the system of therapeutics resting upon the law of similars and the dynamic action of medicine has no feeling of dread of the effects of the new discoveries.

The Colleges.

OUR SCHOOL OF PRACTICE IS PERMANENT. SHALL WE STAND BY IT?*

OSCAR K. RICHARDSON, M. D., MINNEAPOLIS, MINN.

To the dean, instructors, students and friends of the College of Homœopathic Medicine and Surgery, we trust our little message may seem to have the genuineness which we wish it to have.

We deem it an honor to be called upon, on an occasion like this, at a time when Homœopathy needs every adherent; when, not because of weakness but because of its strength, it is assailed in a new way, with new weapons.

The members of our school must be on their guard at all times to prevent seemingly innocent schemes from interfering with our organization or with our professed principles. It seems, at the present time, that the idea of a "united profession" has been espoused by the other school with great avidity, not to say astuteness. It seems to be the order of the day. It appears simultaenously in all localities, and our men, from Maine and California to Minnesota, are being invited and importuned to become members of their societies.

The condition of our acceptance is that we must not practice Homœopathy, or if we do, we must keep very still about it. This means, my friends, disowning our law of cure, dissolving our societies and destroying our institutions.

Why would we need separate institutions, if we all belonged to the same societies? This would be the logical argument, which would forever deprive us of our position in the medical world.

That the medical profession has existed for many

*Address at opening of the College of Homœopathic Medicine and Surgery, University of Minnesota.

years as separate and distinct schools of practice, is a matter of common knowledge. The reasons for this state of affairs are pretty well understood by all the laity and some of the doctors. 'Tis a matter which has been aired before the people, until they become not only satiated but well nigh totally indifferent. The lay partisanship in medicine has lost much of its fervor, and today the people, the dear public, if you will, are looking for results and not theories, good health instead of sentimentalism.

It is only natural that such a change should take place. The fire-eating members of both schools have been very busy, and their misguided enthusiasm has warped them and wearied our unfortunate patrons.

My remarks may seem somewhat foreign to my subject, but my idea is simply this: The people have, by the profession's peculiar plan, become so thoroughly tired and disgusted that at the present time the members of our school must exert themselves in the carrying forward of our work, and not depend any more on the "long suffering and the kind."

To use a slang phrase, which is expressive, "It's up to us."

More personal sacrifice, more individual interest, more influence exerted by our organized institutions and more thorough organization are the keynotes to the successful and aggressive existence of our school of medicine. No narrowness is necessary. We can be broad in its fullest meaning, we can embrace the progressiveness and the proven virtues of this or any future time, and still maintain our principles intact, neither denying them nor pretending that we do.

Why should we exist as a separate school? The reason is patent to any man who will investigate. Having for years upheld a law of cure which needs no demonstration at the present time (as a century or more of evidence is at hand which confirms it), we would be pitiably weak mentally, should we discard it. The very foundation of our professional existence is the law of cure as promulgated by Hahnemann. If we believed in it when we adopted it, why not believe in it now, if it is the law? That it is the law is a matter we will not discuss here. Suffice it to say, some of the brightest medical minds of the world acknowledge its truth.

Our existence as a separate school is, to my mind, imperative because of three facts: First, The truth of "Similia similibus curantur. Second, Our institutions, State and otherwise, which were founded on the above, and are in a flourishing condition. Third, Personal self respect.

That an organized effort is being made by another school to refute our law by ridicule to lessen our membership by amalgamation, so-called, is known to most of us. The movement is as wide as our country and as plausible as can be, but my fraters, we must not let go of the principle for which we have stood, for the man without principle is dead.

Another school quibbles when it says: "There can be but one surgery, and one way for children to be ushered into this world, consequently there can be no difference in the schools of medicine." They dare not say that all systems of therapeutics are alike.

We admit that our knowledge of pathology, diagnosis, and surgical procedure is equal to theirs, and, in addition to these, we have the distinctive feature of our existence, the law of cure. No school has the monopoly of mechanical treatment, physiological therapy or common sense and good judgment. No school has the right to denominate itself "regular," or to say what constitutes orthodoxy. In short, the standard of achievement and ability is far beyond the pale of school.

You hear the seductive sentences proclaiming that there is less difference now than ever before, that the schools are nearer together, etc., etc. The truth is, there is as much difference today as in Hahnemann's time; the law of similia is denounced and ridiculed as strongly today as when it was promulgated.

There is not a man of our school today who believes the size of the dose or putting medicine in water constitutes the distinction between him and his physiological brother, and if the physiological brother believes it he should investigate. There is something deeper than the mere lottery of the combination tablet.

We must be awake to the fact that the men who advocate most warmly that the schools are closer belong to committees from the other school who are engaged in the now well known national plan of deglutition. The advantages that are held out simmer down to the idea of our belonging to the majority. The disadvantages are many; the chief one, however, being the loss of that manly identity which has characterized us through years of persecution, until at the present time, by force of truth, we are recognized among men as standing for a rational thought in the prosecution of our work.

Let us not be beguiled by the promise of social standing and financial gain. The opportunities of developing manhood, thank Heaven, are not controlled by any clique or school, and financial advancement depends on one's own effort and the favor of environment.

To be sure, the appointment of the Government and life insurance companies are not always open to us; but even in these avenues we are progressing, the progression depending not entirely on political or diplomatic handiwork, but to a great extent on the ability of the men now presenting themselves for such appointments.

Our colleges which are a part of State universities, are enjoying the same benefits of laboratories and equipment as all affiliated schools in such institutions, and one would be dumb, indeed, who does not recognize equal ability following equal advantages in the average student.

Our records before the examining boards of the different States certainly do not show any great amount of deterioration, while they reflect great credit on our educational institutions, which really means that our own men have teaching ability and use it.

Our societies are in as flourishing a condition as societies usually are. Our national society is the

oldest in the country, and is very successful both from a scientific and a social standpoint.

The statement is made that our school has never made any of the great discoveries in science or conducted any scientific investigation. This is undoubtedly true in part; we did not discover the coal tar treatment of pneumonia and la grippe, nor the erstwhile prevalent cause of death, heart failure.

The progress made in pathology and kindred sciences belongs to us as much as to the remainder of the scientific world. Pathology is a science, and does not particularly belong to medicine anyway; we use it as we use chemistry and as the engineer uses mathematics. It prepares us for our work, we did not originate it; science is always revealed when needed.

Progress in surgery has been rapid, but one cannot help but see that surgery does not belong to any one class of men, it is universal.

The medical research laboratories are few and far between, there may be some established at any early day. The scientific research laboratories are many, and to the result of that research we are very welcome. There is nothing in the realm of science that we cannot make use of when we wish, we are at liberty to imbibe all there is. It belongs to us as surely as to any creatrue.

Progress in therapeutics is a subject about which another school is in a hysterical mood. Its recognized medicinal treatment of pneumonia changing every few months, until at the present time there is none, does not augur well for an established system.

Our progress along therapeutic lines is merely a complete working out of the law of cure.

In conclusion. The medical college of the future is the college founded on science and scientific teaching. At the present more than ever before laboratories and equipment are necessary to give the essential ground work in science which a student needs who is to become a physician.

The State universities are the institutions who can furnish the scientific foundation of the first two years of a student's career, and fit him for the true medical work of the last two years.

We have in Minnesota such a university and such a medical college. We must stand by the cause and see to it that our college lives and gets its share of State influence and State financial aid. Our only care is that we use to advantage what we have and deserve more.

Anything which will strengthen the zeal and determination of the students of this college in their mingling with the heterogeneous mass of raw material which is to be worked into the profession, should be given freely by the instructors, realizing the pressure of the merger idea, the sophistries of the unwashed, and the courage necessary to resist the supposed allurements.

We must stand by our colors and live uprightly, minding our principles.

EIGHTH ANNUAL POST GRADUATE AND PRACTITIONERS' COURSES HOMŒOPATHIC DEPARTMENT UNIVERSITY OF MICHIGAN.

The courses will begin with the usual series of lectures supplemented witht daily clinic at the hospital, Wednesday, November 9, '04.

"Clinical week" will begin Monday, November 14th, 1 P. M.

Dr. G. W. Roberts, Professor of Clinical Surgery, New York Homœopathic Medical College, has been secured to assist in the clinics. Dr. Roberts requires no introduction to the practitioners of America. His appearance in Ann Arbor will afford the profession of the West an opportunity that they certainly will not fail to appreciate. The details of the courses will be as follows, although there will be a number of lectures and demonstrations that can not be announced at this time.

Preliminary Week.

Wednesday, November 9, '04, especial attention will be given Materia Medica and internal medicine.

Thursday, November 10, '04, diseases of the eye, ear, nose and throat will be the main feature.

Friday, November 11, '04, surgery and gynæcology.

Clinical Week.

Monday, November 14, '04, 1 P. M., gynæcological clinic, Prof. Kinyon.

Tuesday, November 15, '04, 9 A. M., surgical clinic, Prof. Smith. 2 P. M., clinic, eye and ear, Prof. Copeland.

Wednesday, November 16, '04, 9 A. M., lecture, Dr. H. M. Richards, of Detroit, "The First Week of a Baby's Life." 10 A. M., clinic, internal medicine, Prof. Hinsdale. 2 P. M., clinic, dermatology, Dr. Stevens. 3 30, clinic, nervous diseases, Prof. Dewey.

Thursday, November 17, '04, 9 A. M., lecture, Prof. Roberts. The remainder of the day will be "Infection of the Genital Tract in Women," occupied with operative clinic in surgery and gynæcology. Prof. Roberts will hold one of the clinics.

Friday, November 18, '04, 9 A .M., lecture, Prof. Kinyon, "Modern Obstetrical Methods." The remainder of the day will be occupied in clinical work presenting such remaining interesting cases as can be disposed of.

The hospital wards have always afforded an abundance of material for these courses. Usually a second week of constant clinical work has been necessary to dispose of the overflow. The preliminary week, the clinical week and the week following comprise a very complete post-graduate course. During the third week opportunity is afforded for seeing and studying post-operative methods.

All the clinics and lectures are free to physicians and students in medicine.

A certificate is authorized by the regents of the University for those who register and take the entire three weeks' post-graduate course.

There are every year a number of physicians registered in this course for which, in order to secure the certificate, a fee of ten dollars is required.

Physicians contemplating sending or bringinng patients for examination, treatment or operation, should arrange with the superintendent of the hospital beforehand so as to secure prompt service after arrival.

Any question relative to any matter referred to in this announcement will be answered with pleasure.

Bear in mind the following: 1st. That Dr. Roberts can be heard and seen. 2d. That you will be welcomed and benefited. 3d. That all the work, so far as possible, is prearranged and mapped out with reference to the practical needs of the general practitioner. 4th. The dates of the several events. 5th. That you need this kind of a vacation.

For further information address either the Dean, Dr. W. B. Hinsdale, or the Secretary, Dr. R. S. Copeland.

Ann Arbor, October 1, '04.

Societies.

NORTHERN INDIANA AND SOUTHERN MICHIGAN HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-seventh semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held last month in Elkhart.

The members present were W. M. Cook, of Lagrange: W. B. and M. K. Kreider, of Goshen; F. G. Freyermuth and Martha V. Thomas, of South Bend: G. R. Herkimer, of Dowagiac, Mich; and A. L. Fisher, C. W. Haywood, G. F. Washburne, and H. A. Mumaw, of Elkhart.

The visitors were Albert Henwood, of Dowagiac; A. E. Smith and Edgar Myers, of South Bend (medical students); Dr. Chauncey L. Chase, of Middlebury; Mrs. Alice Cook, of Lagrange; Warren Freyermuth, of South Bend, and Dr. Hannah Ophelia Stauft, of Elkhart.

The meeting was called to order at 10:45. A number of letters from absent members were read, extending good wishes to the Society. The names of Drs. W. E. Clark, of Three Rivers; J. O. Garmon, of Union, Mich., and N. G. Reiff, of Albion, were presented for membership. In the absence of H. S. Hewitt and S. A. Clark, the chair appointed C. H. Haywood and M. K. Kreider to serve with A. L. Fisher as a committee on credentials. The report was favorable, and the election of candidates unanimous. The minutes of the previous meeting were read by the secretary, H. A. Mumaw, and approved.

The necrologist had no report to submit, there having been no deaths of members since the last meeting.

Adjounrned to the Hotel Golden for luncheon.

At 1:15 the meeting was again called to order, when the president read his annual address, which was an able exposition of the homœopathic philosophy in particular and the practice of medicine in general.

After the collection of annual dues and the disposition of other routine business, the reports of bureaus were in order.

Chairman—Surgery, A. O. Ullery; Materia Medica, A. L. Blackwood; Practice, C. W. Haywood; Gynæcology and Obstetrics, E. G. Freyermuth; Ophthalmology and Otology, W. B. Kreider; Pædiatrics, W. B. Page; Organon, J. T. Kent.

The chair appointed A. L. Fisher, general critic.

The following papers were read and fully discussed by all members present: "Report of a Corneal Case," W. B. Kreider; "Baptisia," A. L. Fisher; "Dropsy," C. W. Haywood; "Care of the Prospective Mother," F. G. Freyermuth; "Report of Cases," and "A Poetical Fantasia," M. K. Kreider.

Chairmen for bureaus for the next meeting: Surgery, M. K. Kreider; Materia Medica, C. W. Haywood; Practice, G. R. Herkimer; Gynæcology and Obstetrics, E. G. Freyermuth; Ophthalmology and Otology, W. B. Kreider; Pædiatrics, A. L. Fisher.

The chair appointed H. S. Hewitt, S. A. Clark and Geo. F. Washburne a committee on credentials, H. A. Mumaw and C. D. Goodrich on publication, and C. W. Dunning, necrologist.

A vote of thanks was extended to the honorable mayor and city council for the use of the chamber, and the obliging janitor, H. R. Calvert.

It was decided to hold the next meeting in Elkhart on the fourth Saturday in May, 1905.

Adjourned.

Correspondence.

PHYSICIAN VERSUS BACTERIOLOGIST.

ED. MEDICAL CENTURY: Time, we are told, brings opportunity. It has done so recently. In the Century for October, 1895, on page 451, can be found a review, or "notice" of a book of mine, "Elements of Surgical Pathology," which failed to commend itself to the editor at that time. In the current number of the same journal is a notice and an editorial, on a recent book, "Physician versus Bacteriologist," commending it for the very same doctrine the present writer attempted, feebly and imperfectly, to teach. Can it be possible that my book was without German approval, or did not come "from Germany" that it was disapproved? No matter, however, what I then wrote is now in a fair way to be accepted by my colleagues, and so the conditions are satisfied.

James G. Gilchrist.

Iowa City, Iowa, Sept., 1904.

BOOK REVIEWS.

A Text-Book of Materia Medica.

Including Laboratory Exercises in the Histologic and Chemic Examinations of Drugs. For Pharmaceutic and Medical Schools, and for Home Study. By Robert A. Hatcher, Ph. G., M. D., Instructor in Pharmacology in Cornell University Medical School of New York City; and Torald Sollmann, M. D., Assistant Professor in Pharmacology and Materia Medica in the Medical Department of the Western Reserve University of Cleveland. 12mo volume of about 400 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Flexible leather, $2.00, net.

Students of medicine, as well as pharmacy students, will undoubtedly welcome this work. The authors are teachers of much experience, and in this forelying book present a work on the subject of Materia Medica in an entirely new way, teaching by

actual experimental demonstration. Part I comprises a guide to the study of crude drugs, both official and unofficial; while in Parts II. and III. the histologic and chemic examinations or drugs are considered in a scientific, yet clear and simple manner. All the histologic descriptions are supplemented by laboratory exercises of important drugs, so that the student becomes insensibly asquainted with their construction. Throughout the entire work general stress is laid on the recognition of adulterations. We can strongly recommend this work as reliable, practical and excellent in every way.

Pathological Technique.

A Practical Manual for Workers in Pathological Histology and Bacteriology, including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, and J. H. Wright, M. D., Instructor in Pathology, Harvard University Medical School. Third edition, revised and enlarged. Octavo. 469 pages, with 140 illustrations. Philadelphia, New York, London; W. B. Saunders & Company, 1904. Cloth. $3.00, net.

The third edition of this successful work keeps pace with the great advances made in pathology, and its value as a laboratory and post-mortem guide remains undisputed.

In subjecting this book to thorough revision the authors have kept in view the needs of the laboratory worker, whether student, practitioner or pathologist, for a practical manual of modern methods in the study of pathological material. Many parts have been rewritten, many new methods have been added, and the number of illustrations has been increased.

The Principles of Hygiene.

A Practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A. M., M. D., Assistant Professor of Bacteriology, University of Pennsylvania. Second edition, thoroughly revised. Handsome octavo volume of 536 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.00, net.

Dr. Bergey's book has undergone a critical revision for this new second edition, and in its present form it now represents the practical advances made in the science of hygiene up to date.

This book is intended to meet the needs of students of medicine in the acquirements of a knowledge of those principles upon which modern hygienic practices are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up to date. The rapid strides made in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

A Hand-Book of Surgery.

For Students and Practitioners. By Frederick R. Griffith, M. D., Surgeon to the Bellevue Dispensary, New York City; Assistant Surgeon at the New York Polyclinic School and Hospital. 12mo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Flexible leather, $2.00, net.

Dr. Griffith has given us a little work of great merit. It is a brief outline of the principles and practice of surgery, written as concisely as is possible with clearness. We are sure it will be valuable alike to the student and the practitioner, because the entire subject of surgery is covered, including all the specialties, as diseases of the eye, ear, nose and throat; genito-urinary diseases; diseases of women, etc. There are also articles on life insurance, rape, sexual perversions, microscopy, and on many other subjects of great importance to the practicing surgeon. There are 417 illustrations, selected for their clearness, accuracy and general usefulness. We predict that Dr. Griffith's work will be to surgery what Dr. Stevens's manual is to medicine.

Essentials of Diseases of the Eye.

By A. B. Norton, M. D., Professor of Ophthalmology in the New York Homœopathic Medical College; author of "Ophthalmic Diseases and Therapeutics," etc. 349 pages. Cloth, $1.75, net. Postage, 10 cents. Philadelphia: Boericke & Tafel, 1904.

Dr. Norton has in this manual simplified the study of eye diseases so that the student and general practitioner may gain a practical knowledge of at least the more common eye diseases. We look upon it as a condensed edition of the author's great work on eye diseases, and one that is especially adapted to those who are not to follow the specialty. Students, as a rule, are not overburdened with money, and the demands for books for use in college life is an ever-growing one. This work is practical, of low price, and one that will commend itself to all who even glance through it. We know of no work on the eye where so much may be learned with so little reading as this one, and for those who are to follow the specialty it will serve as an essential stepping stone.

Lea's Series of Medical Epitomes.

Magee & Johnson's Epitome of Surgery.

A Manual for Students and Practitioners. By M. D'Arcy Magee, A. M., M. D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph. D., M. D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. In one 12mo volume of 295 pages, with 129 engravings. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

The authors and editor have made an earnest endeavor to furnish an authoritative, clear, compact presentation of the essentials of modern surgery. While this little volume is by no means intended to take the place of a text-book, it ill be found convenient for study many times when a large book is inaccessible, while for students' use in quizzing themselves or each other, in preparation for college or State board examinations, it will be of the utmost service. As with the other volumes of this excellent and very popular series, the questions are not interspersed with the text, but follow each chapter, thus permitting consecutive reading without interruption.

Taylor on Genito-Urinary and Venereal Diseases and Syphilis.

A Practical Treatise for Students and Practitioners. By Robert W. Taylor, A. M., M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York. New (3d) edition. Revised and enlarged. Octavo, 757 pages, with 163 illustrations and 39 plates in colors and monochrome. Cloth, $5.00; leather, $6.00; half morocco, $6.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

A very comprehensive work, embracing the entire range of diseases affecting the genito-urinary organs of both sexes, excepting those which are purely gynæcological. In addition to the non-specific ailments, gonorrhœa in all its phases and syphilis in all its conditions and relations have been fully considered. The author has endeavored to present trustworthy, conservative and practical treatment in full detail, and while surgery proper has received ample attention, it is considered as being but a part and not the whole of genito-urinary therapeutics.

In preparing this third edition the author has endeavored, as in previous editions, to present a practical, up-to-date, compact treatise, adapted equally to the needs of students and practitioners. His aim has been to avoid both the tediousness of an encyclopædia and the disappointing brevity of a compend, and to present a thorough, systemic description of the cognate subjects treated in a terse, clear manner. This new edition has been most thoroughly revised to date. Many new sections have been added to present the salient features of progress. Dr. Taylor's work has always been known for its rich series of illustrations, and in this edition many new engravings and plates have been added. It is worthy of note that nearly all of the illustrations in this volume have been made under the personal supervision of the author from his own cases.

Davis' Obstetrics.

New (2d) edition. A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A. M., M. D., Professor of Obstetrics in Jefferson Medical College; Professor of Obstetrics and Pediatrics in the Philadelphia Polyclinic, etc. New (2d) edition, thoroughly revised and much enlarged. Octavo, 800 pages, with 274 engravings and 39 full-page plates in colors and monochrome. Cloth, $5.00, net; leather, $6.00, net.

From a practical standpoint this work is all that could be desired. Dr. Davis has furnished a thoroughly scientific and brilliant treatise on obstetrics. His method is original and comprehensive, and the scope of the work includes cognate subjects of great importance which are not met with in other books on the subject.

In preparing this new edition Professor Davis has subjected it to a complete rewriting throughout, resulting in an enlargement of about two hundred and fifty pages. Together with the established principles and practice of obstetrics he has incorporated the latest additions to our knowledge of the subject, which promise to be of permanent value. In its new form it accordingly represents the science and art of obstetrics to the date of issue. The work has always been notable for the abundance and instrustiveness of its illustrations. The series has been revised equally with the text, and any engravings or plates susceptible of improvement have been replaced.

Dudley's Gynæcology. New (4th) Edition.

A Treatise on the Principles and Practice of Gynæcology. By E. C. Dudley, A. M., M. D., Professor of Gynæcology in the Northwestern University Medical School, Chicago. New (4th) edition. Revised and enlarged. Octavo, 771 pages, with 401 illustrations, of which 50 are in colors, and 18 full-page colored plates. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50, net.

We take the following from the preface:

In accordance with the original plan of the book I have divided the subjects, not in the usual manner of grouping in each part all the diverse diseases of some special organ, but so far as practicable have arranged them in pathological and etiological sequence. For example, infectious and inflammations are brought together so that vulvovaginitis, metritis, salpingitis, ovaritis, peritonitis, and cellulitis may be studied in the combined forms which they ordinarily assume. In like manner, tumors are treated in another part, traumatisms in another, and displacements in another. Under this plan the student has constantly before him the physiological and pathological unity of the reproductive system; on the other hand, if he considered all the diesases of each organ in a part by itself, he would find tumors, traumatisms, displacements, and other anomalies thrown in between the infections of that organ and casual or resultant infections in other parts of the pelvis, and thus might lose sight of the significance of morbid processes and the relations of those processes to one another.

I have endeavored to make a thorough-going revision which should include the recent advances in gynæcology, and in doing so have rewritten and rearranged many chapters. The sections relating to General Diagnosis, Local Treatment, Major Operations, Drainage, Urethritis, Cystitis, Ovarian Tumors, Embryology, Malformations, and the Treatment of Salpingitis, Ovaritis, and Pelvic Peritonitis, have been subjected to special revision and to a great extent have been rewritten, with practical additions.

Not less sweeping than the revision of the text has been that of the illustrations to the exclusion of all borrowed engravings, and the introduction of more than three hundred new ones all reproduced from drawings specially made for the book; but what is more important than this, all minor and major manipulations and operations have been illustrated to show the several procedures as they take place step by step, each operation being set forth in a series of drawings; for example, twelve drawings describe the steps of hysteromyomectomy, and thirty-two explain perineal lacerations and the steps of perineorrhaphy. The surgical instrument catalogue element has been eliminated; all instruments, so far as practicable, being shown as they appear in actual work.

First Lessons in the Symptomatology of Leading Homœopathic Remedies.

By H. R. Arndt, M. D. 271 pages. Cloth, $1.25, net. Postage, 5 cents. Philadelphia: Boericke & Tafel, 1904.

Brother Arndt has given us a little book purporting to contain only those symptoms with which a student should become familiar in his freshman year. It is built on the plan of Hawkes and H. C. Allen's compends, but it not altogether a presentation of symptoms, there being explanatory notes before each remedy. It will doubtless serve an excellent purpose. A regional index prepared for quizzing purposes enhances its value.

WHY STUDENTS OF MEDICINE SHOULD SELECT THE HOMŒOPATHIC SCHOOL.

BY ONE WHO IS NOT CONNECTED WITH ANY COLLEGE.

There is a demand for homœopathic physicians throughout the United States, reports Dr. Sutherland,* that "far exceeds the supply. Thousands of small cities, towns and villages are unable to secure the advantage afforded by the homœopathic system of medical practice. Demands for graduates of this school of medicine are constantly reaching our twenty colleges. The demands for physicians come from every State in the Union; especially is this true of the Southern and Southwestern States, into which thousands of people in quest of pleasure, health and business are going every year."

The conscientious medical student should study Homœopathy in order to give his patients the benefit of all resources in therapeutics.

The old school doctor who ignores Homœopathy can get along without it, but the patient may suffer because that physician's choice of remedies is more restricted than would otherwise be the case. His patients do suffer from his narrowness, his sectarianism, because under homœopathic practice the death-rate is lower, duration of illness shorter, relapses and sequelæ less frequent and severe, and convalescence is shorter; witness every adequate test that has been made, statistics and the testimony for three generations of thousands of intelligent, able and conscientious physicians who have had experience in both schools of medicine. It is much more difficult to practice Homœopathy conscientiously and successfully, as may be seen below.

Mercenary students may be influenced by the higher average—socially, intellectually and financially—of the homœopathic clientèle. They may have heard the charge, which is so frequently made by some of the old school, that Homœopaths "trade on the name;" this is a confession in itself that Homœopathy has established itself in an enviable position.

The scientific student should become a Homœopathist because this is the only science of medical therapeutics.

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*Report of the Intercollegiate Committee, 1902 Transactions of the American Institute of Homœopathy, p. 98.

Bear always in mind the definition of a homœopathic physician: He is "one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of simliia. All that pertains to the great field of medical learning is his by inheritance, by tradition, by right.

What is Homœopathy? In two words, it is the reason why—the principle upon which—the physician, surgeon or specialist prescribes a certain remedy after he has decided that the case is one for medical therapeutics.

It is not all there is in the practice of medicine, it is not the whole of therapeutics, but it is as yet the only science of medicinal therapeutics. What do we mean by this? According to the Standard Dictionary, science is the formulation into law of correlations of observed facts; it is "knowledge gained and verified by expert observation, correct thinking, especially as methodically formulated and arranged in a rational system."

Does not Homœopathy fulfill these requirements? In Homœopathy expert observation and correct thinking arrange two series of correlated facts: On the one hand the totality of symptoms, on the other the drug pathogenesis. By the "totality of symptoms" we mean everything that we can learn about our patient, objective and subjective, with the help of all modern aids to diagnosis, instruments of precision, and a knowledge of anatomy, physiology, pathology and nosology. Likewise the "drug pathogenesis" is the description of all the effects of a drug upon the healthy human body, subjective and objective, even to the extent of pathological anatomy in poison cases and animals, as observed and interpreted with the above-mentioned aids.

The law of the correlation of these two is formulated as Similia Similibus Curantur, inaccurately translated, Like Cures Like. If Hahnemann had meant like cures like he would have written similia similibus sanantur, but in reality he wrote similia similibus curentur—let likes be treated with likes. He was one of the best scholars in Europe, knew just what he wanted to say and deliberately chose the subjunctive mode and the verb curo. Surely no one should take unbrage at this as a guide to practice.

The experience of a century has demonstrated that when we do find the drug which can cause, which has caused, a train of symptoms similar to those of our patient, that remedy, given in sufficient but not too large a quantity, will cure the patient if he be curable with medicine. This is not easily done; real homœopathic cures are comparatively rare, because Homœopathy is the most difficult of all the sciences, in that it has to deal with the most intricate thing in nature—the human body and mind in health and disease. It involves individualizing each case of sickness, understanding and treating the patient instead, as of old, naming the disease in order to attack that. The system is both rational and practicable. Not only is it more rational to build our drug pathogeneses with the effects of drugs upon the healthy instead of the diseased body, it is simpler, more uniform and more intelligible. Similia is more rational than contraria because the only contrary to a disease is health; we can conceive

the opposite condition to a symptom but not to the totality of symptoms.

It has been said "If Homœopathy would claim to be a science it should enable one to predict results and to repeat its experiments." This it has been accomplishing for the last hundred years. The failures which, of course, occur no more disprove it than does the testimony of twenty men who did not see a crime committed weigh against that of two who did.

When cholera first appeared in Europe Hahnemann, who had never seen a case, studied the symptoms reported by his pupils who were combating it, and predicted that patients presenting a certain group of symptoms would be cured by Cuprum, another type of Arsenic, another by Veratrum album, and still another by Camphor. These predictions were verified at the time, and they hold as true today. This and similar experiments have been repeated times without number. A few years ago a physician wrote an identical note, enclosing a fee, to a given number of representative old school practitioners and to an equal number of homœopathic physicians, asking a prescription for a case which he presented. Scarcely two of the allopaths agreed in their prescriptions, but every Homœopath prescribed Lycopodium. Which school evinced the more scientific therapeutics?

The question of dose is entirely secondary; one should only be careful not to give so large a dose as to be harmful. A sick person is more sensitive to the indicated remedy—to the drug that is homœopathic to his condition—than he is when well, and is then also more sensitive to this than to other drugs; Hahnemann discovered this by almost killing his first patients through administering the old doses.

It is possible to be as true a Homœopathist with large as with small doses, but the more thoroughly one studies the homœopathic Materia Medica, and the more carefully he prescribes, the more apt is he to give the single remedy and the smaller dose. And vice versa. One's failures in homœopathic prescribing can not logically be held as indicating that Homœopathy is inadequate, the inadequacy is in the prescriber, in the inherent difficulties of the problem and in the incompleteness, as yet, of our Materia Medica.

Homœopathic practice is a specialty—a specialty in therapeutics—but it should not be narrowed down to exclusiveism. Homœopathic specialists possess an advantage over their old school brothers (oculists, gynæcologists, neurologists, etc.) in the possession of this system of medical therapeutics, if, and only in so far as they study and apply it.

It is not fair to judge Homœopathy from the ex parte statements of its opponents. Neither should it be condemned because one or more "Homœopaths" do not measure up to the standard here set forth.

Are there not numerous self-styled "regular" practitioners by whom it would be unfair to measure "modern medicine?"

Although Homœopathy is not yet accepted by the majority of the medical profession, it has won its way, despite ostracism, persecution, contempt, all kinds of restrictions and hindrances, and being ignored, until it has established itself in every civilized country, attaininng its greatest prosperity in this the land of freedom where today it numbers over fifteen thousand practitioners, and is rapidly growing in numbers, influence and the respect of the community.

Broadening and growing with the times, planting its organization in every State, Homœopathy has finally won the respect of the dominant school, which now acknowledges itself unable to secure the enactment of any legislation which is opposed by the Homœopathists and the eclectics. Soon appointments to the medical service of the United States will be open to homœopathic candidates. During the Spanish war a number of the surgeons of the volunteer army were of this school, demonstrating their fitness, personally, the feasibility of appointing graduates of homœopathic colleges, as well as the justice of their cause and the influence of the school.

The homœopathic colleges compare to advantage with those of the dominant school. "In the last five years," says President James C. Wood,* "eighteen of our twenty colleges graduated 1,930 men and women, among them were 284 who had come from old school colleges." The American Institute of Homœopathy (the oldest national medical society in the country) antedated the American Medical Association a number of years in requiring a four years' course for the degree of M. D.

It refuses to recognize any college that falls short of the standard which it sets, and the standard is being steadily elevated. For years the regents of the University of the State of New York, through their boards of medical examiners (the highest standard in the country), have awarded to the graduates of one of the homœopathic colleges a larger proportion of honor certificates than to those of any other college represented among its candidates for license.

What, then, is the best way to fit one's self as a homœopathic physician after having selected this school?

There are various ways, but the most thorough and most satisfactory is to choose the homœopathic college which appears to the student to be the best, and take its full course. The application of Homœopathy is so far-reaching that a four years' course is all too short for a broad foundation. The tendency of modern medical education is for less and less didactic teaching and for more and more thorough clinical instruction, with an increase in the number of months in the teaching year; this is especially so in homœopathic colleges.

It is not necessary to take an allopathic diploma first—very few will afford the time and money involved for two college courses in succession—for it is possible to obtain at a homœopathic college first class instruction in hæmatology as well as the other branches of pathology, surgery, and all the chairs found in the colleges of the dominant school.

In dubiis libertas,
In certis unitas,
In omnibus caritas.

February 24, 1903.

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*Presidential address, American Institute of Homœopathy, 1902.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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OCTOBER 1, 1904.

Editorial.

THE MEDICAL MAN'S INTEREST IN WAR.

Putting out of mind ideas of right and wrong, international ethics and prejudices, war, that is the legally killing and injuring of people in large numbers by machinery and disabling by disease still larger numbers has a scientific interest. There are certain problems connected with medical and surgical practice that can be solved in no other way than by massing large numbers of individuals and then permitting them to kill each other in divers ways and with various implements, inflicting injuries in all possible anatomical parts and in all kind of combinations.

The War of the Rebellion occurred some time ago, still at so recent a period that sufficient exact data were made as to teach, surgeons in particular, lessons that it would have taken a half century to have learned otherwise. The Spanish War verified some and negated other theories of theoretical preventive medicine. It brought, at a stroke, prominently and severely before us the importance of studying the diseases of the tropics. The killing off of Oom Paul also advanced the knowledge of diseases peculiar to the African quarter of the world.

In the far East towards a hundred thousand soldiers have been killed or have died of disease this summer. The instantly killed are comparatively unimportant, except to the gun maker. The injured, of course, afford rare, rare because abundant opportunities for emergency surgery. The reports from the field of action are meagre relative to the surgery of the war. The same is true in regard to the general hospital work of either side. The Associated Press reports, in referring to the Japanese methods of treating the wounded, say that they are giving proof of the benefits to be derived from the non-interference with wounds on the field, where they content themselves with the application of first aid bandages and antiseptics, leaving the more serious work to be done at the hospitals at home. This course is followed except when there is danger of the wounded man bleeding to death or when his condition is very precarious. The result of this practice has been that many men suffering from bullet wounds at the front are nearly well when they reach Japan.

From the standpoint of internal medicine, very few reliable reports have been given in this country. The Russians will probably suffer the more from syphilis. This statement is based upon the fact that syphilis is essentially a disease of Christendom. The "heathen" have not been so generally syphilitic as people of our own and the Russian religion. Of course, intestinal diseases, as the several types of dysentery, typhus and typhoid, cholera Asiatica and nostra with other diarrhœal compliants, will stalk arm-in-arm with the grim reaper. The eruptive diseases, such as small-pox and measles always assume very contagious and black forms when thousands of men are huddled together in barracks and tents. Malaria, yellow fever and the less known parasitic blood diseases will probably create a demand for tons of quinine and arsenic. It is a good time for those of a speculative turn to buy bark preparations looking for advancing prices.

Sanitary officers will have ample opportunity to put to the test the measures that domestic and fixed hospital practices have developed within the few years past. In spite of all precautions suggested by recent scientific investigations, typhoid fever threatened to become as prevalent in the Cuban war as it ever was during any military operations. Of course, the short duration of that war broke off many interesting tests that two or three years of campaigning would have made. The medical history of the Japan-Russian war will have unusual lessons for the modern surgeon, physician and sanitarian. It ought to decide whether treatments and operations usually supposed to be indicated in clean, fixed hospitals, in individual cases, can be employed in a wholesale and speedy manner; to what extent practice, under strenuous circumstances, can be made to verify theory. If present indications are reliable, it will be the greatest demonstration of the behavior of diseases among vast hordes of fielded men to whom the new hygiene will ever have been applied.

H.

A FOUR HUNDRED OF HOMŒOPATHY.

We understand that the authorities of the American Medical Association are claiming that four hundred homœopathic physicians joined that society in the past year. This reminds us of the physician who treated 3,000 cases of pneumonia in a ten years practice, and who in the same period of time had 4,000 obstetrical cases. We have

heard these inflated tales so often that they have no more effect upon us than that older war cry of the A. M. A.: "Homœopathy is dying out." We believe that not one-tenth of the number claimed joined the American Medical Association, and that the accessions from our ranks during the past year have not increased over those of foregoing years. Always in the history of Homœopathy there have been men, who, either from improper teaching, indolence or ignorance, have gone into the easier palliative pastures of allopathy from our ranks, but these have been few and far between, while nearly all of our older fathers in Homœopathy came to us from allopathic ranks, and they have been coming to us in droves ever since. The scheme of the American Medical Association to catch the unwary is a smooth one. In most States it is worked by having the applicant sign a renouncement of Homœopathy. This resulted in a total failure. We are tolerably familiar with the homœopathic physicians of the United States, and we know of but three who have signed this renouncement, and they are three that will add no lustre to the A. M. A., whilst our own cause is made brighter by their going.

With the experience of this failure to disrupt our ranks, the plan now is not to ask for a renouncement of Homœopathy but to admit homœopathic physicianc in good standing to all allopathic societies, with no restrictions whatever. This has been done in some States, and a few of our physicians have accepted the liberal invitation. We can see no harm in this. It is the attitude we have always maintained ourselves to the dominant school. They have been made welcome in all our gatherings, and the papers they have brought to us and read to us have been listened to respectfully and discussed with benefit to all. When this spirit prevails, when allopaths and Homœopaths can meet together without bitterness, when a Homœopath can report a clinical paper before an allopathic society citing cases cured by the 6th, 30th or 200th potencies, and this paper receive a respectful hearing and a thorough discussion before that society. When this can be done, we say, we are willing to acknowledge that some good is possible to come out of associations of this kind.

Let some of our Homœopaths who have joined the A. M. A. present a paper before some branch of that organization and send it to the journal of that Association and see what its fate would be unless couched and buried under a nomenclature that would escape the editor's notice, as happened in a certain article on tonsilfitis, wherein Hepar sulphur 3x was mentioned as "Sulphide of calcium 1-100 grain doses" (see Medical Century, March, 1903), it would be respectfully declined as being unsuitable for its pages.

If we are to join the associations of the dominant school without restrictions, with freedom to preach and practice what we please, let us preach to them some good homœopathic texts—there are many in the Organon the bible of Homœopathy—let us tell of our cures by the potentized drug, let us impress upon them the necessity of reproving our Materia Medica after the manner of our school on the healthy human body, and ask their support and collaboration therein. If they stand this test of their sincerity of purpose we will acknowledge that the medical millennium is near at hand.

Until this time comes we will not be dismayed by the juggling of figures, but as in the case of the boasting physician, before referred to, we will analyze the statement carefully and come to the inevitable conclusion that Paul was right in the remark he made in his wrath about liars.

EDITORIAL BREVITIES.

Our Second Series of Prize Essays.

In our July issue we sent out a call for essays whose object shall be to present the claims of the homœopathic system to the general public. Dr. H. F. Biggar, of Cleveland, has contributed, as we then stated, $100 to be awarded to the writers of the three essays, not to exceed 3,000 words each, which shall best present the foregoing object. We again call attention to this offer, as we are sending out an extra edition of sample copies with this isssue. The terms of the contest were given in full in the July number, and will be furnished upon application. Quite a number have written us letters encouraging us in this necessary work, and signifying their intention to compete. January 1, 1905, is the time limit. Here is a good field for good work, and work that will help the cause. At one of the meetings of the inter-collegiate committee at Niagara Falls, one of our most eminent physicians made an energetic plea for just this kind of work. It was gratifying to be able to tell him that the call, therefore, was already in type in the Medical Century publication office. Nearly 13,000 of the first prize essay of the Century have been printed and distributed as reprints, and many even at this late time are waking up to its uses and success, for orders come in frequently therefore. There is opportunity for just as good work and a far greater circulation of the same in the present series. Every one of our subscribers should have a try at this competition.

June or September,

At a recent gathering of a few prominent Homœopaths returning from their annual vacation and passing through New York, into which gathering the editor strayed, the question of the time of meeting of the American Institute was discussed. One gentleman who had just returned from Europe, mentioned the fact that if the International Homœopathic Congress meets in 1906, in conjunction with the American Institute, it must come in September. June is the height of the season in England, and no physician could come at that time. Why not begin in 1906, and hold the Institute meeting in September. June is a most unpropitious month. Our colleges, many of them, are lengthening their courses. Commencement week in one of them in-

variably comes in Institute week. June is unsatisfactory to the physicians of our Eastern cities, who are preparing for their vacations, it breaks into their preparations at an unfortunate time. Brother Kraft is in favor of September, and asks if there are any others of like mind. Yes. The "recent gathering," before mentioned, voted unanimously for September. The Executive Committee of the Institute might have a session and put the question to a postal card vote for 1905. Let's have a postal card vote on *something*.

Editor's Table.

GENERAL NEWS.

Dr. C. H. Vilas, of Chicago, spent some time in New York preparatory to taking a trip abroad.

Dr. Geo. W. Roberts returned from his trip to the Canadian woods refreshed and whiskerless. Dr. Roberts has accepted an invitation to hold a surgical clinic at the annual post-graduate and practitioners' course in the homœopathic department of the University of Michigan next month.

Dr. Wm. Francis Honan returned in his usual good form from his summer outing at Naragansett Pier.

Dr. Luther Peck, of the class of '04 of the homœopathic department of the University of Michigan, has located in Plymouth, Michigan. Dr. Peck is a good, staunch Homœopathist, and the people of Plymouth are fortunate in having him settle among them.

The Medical Record prints Heinrich Heine's "joke on Homœopathy" in sending to a friend the millionth part of a Lyons sausage. Yet in the same issue is an article on radium which is more wonderful than the millionth part of anything.

Non-interference with wounds on the field beyond first aid, bandages and antiseptics is the rule in the Japanese army, and the result is that by the time they reach home or the rear of the army they are well. In one hospital ship where there were 2,200 wounded men there was not a single death on board during the trip.

The Rock River Institute of Homœopathy will meet at Clinton, Iowa, October 6th. This is one of our most flourishing local societies, and should have a large attendance.

Dr. John Prentice Rand, of Monson, Mass., and Miss Lena Maud Adams, of Weatherfield, Conn., were married at the residence of the bride's parents on September 3d. The Medical Century offers heartiest felicitations.

Dr. E. S. Breyfogle has removed his offices to 391 Sutter street, San Francisco. Dr. Breyfogle was for sixteen years in his old location on Geary street.

Corvallis, Oregon, is spoken of as a good opening for a homœopathic physician.

Hahnemann Medical College of the Pacific opened its session for 1904-'05 on August 24th. This early opening date was made necessary to cover legal points as to time spent in college in each calendar year.

Dr. George F. Shady, who for forty years edited the New York Medical Record, has resigned his editorial chair.

Don't forget the meeting of the Southern Homœopathic Association at Louisville, Ky., on October 25th and 26th.

Dr. F. H. Anthony has removed from Toledo, Ohio, to Dallas, Texas, where he has become associated with Dr. W. F. Thatcher. Dr. Thatcher leaves soon for a visit to the Pacific Coast for a much needed rest. He leaves his practice in good hands.

A neat little folder calling attention to Green Gables has been issued by Dr. B. F. Bailey, of Lincoln, Nebraska. It is an ideal home for the sick, and located in a section having the highest per cent. of health and the lowest percentage of mortality in the civilized world.

The editor's work, Practical Homœopathic Therapeutics, has been translated into Bengalee by Dr. J. M. Majumdar, of Calcutta. It has been improved by additions from the doctor's experience in India.

Our thanks are again due the editor of the Cleveland Medical and Surgical Reporter for his kindly review and criticism of the third of the series of the prize essays. Like those on the foregoing, it was judicious and fair in every particular, and only by such criticism can good be wrought. The editor also suggests some titles for the forthcoming contest, and we give them to our readers as perhaps being most helpful. They are: "Economical Side of Homœopathy," "Is Homœopathy a Sectarian Medicine?" "Harmony in Nature," "The Dose," "Attenuation of Homœopathic Medicines," "Achievements of Hahnemann." He offers, too, the suggestion that the essays be shorter, real tracts, for all of which please accept our thanks.

The September number of Progress, our enterprising Denver contemporary, which reached us on September 21st, in commenting on Professor Copeland's excellent paper before the Institute, says it will "probably be published" in full by some of our leading periodicals. Yes, Brother, Forum, it was printed twenty-one days ago. We have learned a few lessons from the West in hustling, and we do the best we can.

The following officers were elected at the meeting of the Colorado Homœopathic Medical Society, held at Denver, September 13, 14, 15, 1904:

President, Le Roy C. Hedges, M. D., Grand Junction, Colo.; 1st Vice-President, Grant S. Peck, M. D., Denver; 2d Vice-President, S. L. Blair, M. D., Trinidad; Treasurer, F. A. Faust, M. D., Colorado Springs; Secretary, Giles F. Howard, M. D., Denver; Board of Censors, Drs. Stewart, Burr, and Clinton Enos, Denver; Allen, Colorado Springs; King, Golden; Greene, Arvada; Administrative Council, Drs. Brown and Willard, Denver; King, Golden; Allen, Colorado Springs; Tucker, Pueblo; Blair, Trinidad; Greene, Arvada.

The attendance was fairly good.

Dr. John H. Baldwin, of Jeffersonville, Indiana, is one of those who gives us encouragement by saying good things about the Medical Century, its high class articles, etc. Thanks Doctor. We'll see you in Louisville on the 25th, and celebrate our birthday with you.

Dr. William Harvey King, of New York, recently returned from a trip abroad. In London he and Dr. John Wilson, who accompanied him, were entertained by our London brethren in royal style. Dr. King is enthusiastic over a certain cross country trip of sixteen miles, which he took in company with Dr. James Searson and others. It was through an historical country, and frequent stops were made. Dr. King's visit abroad was not wholly one of pleasure. He devoted much time to the study of new electrical apparatus and also to the study of medical education in Europe.

We have heard nothing recently of the new chair of Homœopathy to be established in the University of Missouri. We supposed that the chair was to be filled and lectures commenced this year. We have heard that the authorities have made some endeavors to find a man to fill the chair.

Drs. W. R. King and J. B. G. Custis, of Washington, passed through New York on their return from their summer vacations last month, and were entertained, as they always are, by our New York confreres.

We are glad to learn that the outlook for students in the New York Homœopathic College is better than it has been for some years. At the time of this writing a large class is predicted.

Dr. A. M. Duffield, of Citronelle, Alabama, has many pleasant things to say of the Century. He is located in the very fine summer resort, Citronelle, which is little known to our Northern physicians. The coming season they are to have winter Chatauqua, which will attract large numbers of visitors. News as to Citronelle may be had of Dr. Duffield.

Dr. J. P. Sutherland during his recent visit abroad, met representatives of British Homœopathy and discussed the International Homœopathic Congress. Dr. Knox Shaw represents England as Secretary, and Dr. J. H. McClelland, America. It is probable that the meeting will be held in Atlantic City, September, 1906, and not this year, as heretofore announced.

Dr. B. E. Fullmer has located at Wichita, Kansas, in charge of Kansas Sanitarium. Dr. Fullmer appreciates the Century. It aids him in keeping similia to the fore, so he says.

The Homœopathic Word, of London, sends out the "bitter cry: Wanted, homœopathic doctors," and mentions a number of towns in need of one. So it goes all over the world.

Boston University School of Medicine opens on October 6th, and continues in session until June 7th, 1905. A prosperous year is anticipated.

The annual session of the Missouri Valley Homœopathic Medical Association, will be held in Kansas City, Mo., October 5th and 6th, 1904. The grand annual carnival will be held during this entire week, and all the railroads will sell round trip tickets at one fare.

A good program has been arranged, and it is hoped that the physicians of the Missouri Valley will come out in numbers and show their loyalty for the cause, as well as gain, and impart information for mutual benefit.

Remember the dates, October 5th and 6th. Programs will be sent out before October 1st.

The Medical Arena, of Kansas City, has gone over to the eclectic school, and should no longer be listed in the Transactions of the American Institute of Homœopathy as a homœopathic periodical. It was an excellent journal in the old days, and our file of back numbers show many valuable contributions to homœopathic practice. Vale.

Several changes have been made on the faculty of the Hahnemann College of the Pacific. Dr. Hartland Law has been appointed lecturer on the History of Medicine; Dr. P. G. Garlick, lecturer on Toxicology and instructor in Materia Medica; Dr. R. F. Tomlinson, lecturer on Minor Surgery and Anæsthetics; Dr. C. D. Potter, Assistant Professor of Surgery; Dr. Joseph Brooks, lecturer on Junior Obstetrics; Dr. Sarah J. Hatton, instructor in Obstetrics; Dr. C. H. Lashlee, instructor in General Pathology; Dr. C. S. Powell, instructor in Hæmatology; Dr. H. L. Lorentzen, lecturer on Emergencies; Dr. E. L. Fassett, lecturer on Anatomy; Dr. W. S. Lavy, curator of Museum. These are mainly advancements along the line, though the instructors are new appointments.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. E. H. Pratt's special course in orificial surgery was held as usual in the amphitheatre of the Chicago Homœopathic Medical College, from September 5th to 10th, inclusive. It was, as on former occasions, well attended by practicing physicians and students. There was the usual run of chronic cases on which all other methods of treatment had been tried and failed. These are the ones that are especially desired by Dr. Pratt, and it is on these that the results of his orificial work is especially valuable. Many interesting cases were brought before the class, and many excellent result were noted.

Dr. Gilbert Fitz-Patrick spent a week's vacation in Wisconsin during the past month fishing and enjoying himself.

A meeting of the board of Hahnemann Medical College and of the University of Illinois, was held this month to make farther arrangements for the affiliation of the two schools. The results of the meeting has not as yet been made public. P. and S. is making great efforts to prevent this consolidation, but is it hoped that their efforts will be in vain.

Dr. Blanchar, who is interne at the Chicago Homœopathic Hospital, spent apart of the past month at Lake Geneva.

Dr. G. F. Shears and wife, spent a part of August at St. Louis, seeing the World's Fair. He has now returned to the city, and is in his office regularly.

Dr. A. G. Day, of London, is in this city taking a special course at Hahnemann. He is associated in practice with Dr. James Searson, who spent some time in this country last year. It is said that Dr. Day is contemplating locating in this country.

Dr. G. H. Pratt, of Washington, Iowa, was in the city during August, visiting old friends and attending clinics. He is doing special work in the eye, ear, nose and throat at his home.

Dr. Richard Street is in Canada spending his vacation. He went prepared to catch all the fish up there.

H. C. Pattison, M. D., of Michigan City, Mich., visited friends in this city recently.

Dr. Rollin Schwartz has just returned from Milwaukee, where he took the practice of Dr. W. W. Irving for a couple weeks, while the doctor was away on his vacation.

The opening exercises of Hahnemann Medical College were held in the college amphitheatre on Tuesday evening, September 20th, at eight o'clock. There was a large number of students and friends of the college present at the event, and it was evident that the college was about to enter upon another year of prosperity. The address of the evening was given by Dr. C. F. Barker, Professor of Surgery. Other members of the faculty gave short addresses. Good music was a feature of the evening's entertainment. The freshman class is large, and there are many additions to the upper classes.

Dr. Emily Siegmund has returned to the city from her country home in Michigan, and is in her office regularly now.

The Chicago Homœopathic Medical College opened Tuesday, September 13th, under most favorable conditions. Never have there been so many new students in the upper classes, and the freshman class is as large as at any former time. Here, as at the other homœopathic colleges, the high entrance requirements make the classes small, but there is a marked increase in the attendance. The opening exercises were held in the evening, and the amphitheatre was filled with students and friends of the school. The address was given by Dr. Elmer E. Vaughan, Professor of Surgery, and short talks were made by Rev. Mr. Bailey, and Drs. N. B. Delamater and E. H. Pratt. Music was furnished by a quartette. The college building was thrown open for inspection, and it was found that some changes had been made in the matter of new furniture and in other respects, so that the college was better equipped than ever.

The building formerly occupied by Dunham Medical College has been sold to the Physo-Medical College of Medicine, and will be used by them this year. Extensive improvements have been made in the building, and it is now a model school building.

KANSAS CITY NOTES.

BY L. P. CRUTCHER, M. D., KANSAS CITY, MO.

The Kansas City Hahnemann College began the winter's work with appropriate exercises on the evening of September 6th. Rev. Dr. Geo. H. Combs made an address, and members of the faculty gave instructive talks.

Dr. Wm. A. Forster is about his duties again after a somewhat prolonged illness. The doctor spent the month of July in Michigan.

Dr. H. P. Gilstrap, of Washington, Kansas, has located in Kansas City, Kansas. Dr. R. A. Williams succeeds him at Washington.

Dr. Lloyd G. Van Scoyoc, of Los Angeles, was in Kansas City for a few days in September, en route home from the World's Fair.

Dr. E. Arthur Carr, of Lincoln, Nebraska, Secretary of the Nebraska Homœopathic Society, was in Kansas City in September, and favored the Century correspondent with a call.

The Missouri Valley Homœopathic Medical Association will hold annual session in Kansas City, October 5th and 6th. The Secretary, Dr. E. B. Woodward, is actively engaged in the interest of the meeting, and gives promise of an unusually fine program.

Dr. George A. Dean gave up the month of September to fishing in the lakes of Northern Minnesota.

The Century correspondent has not seen him since his return, but he caught a fish that weighed ? ? ? pounds, and had a good time generally.

The congenial Dr. Chas. K. Wiles, has taken offices in the Deardorff building with Dr. Frank Fisher.

Dr. Wm. P. Cutler has been appointed food inspector for Kansas City, by Mayor Neff.

Dr. J. M. Paterson and wife and son, Joseph, Jr., enjoyed an outing of several weeks duration in Colorado during the month of August.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. S. W. Jones, formerly at Jordan, Minn., is now located at Marquette, Mich., where he is the surgeon of St. Luke's Hospital.

The statement in the September issue in regard to Dr. A. M. Crandall having located at Hokah, Minn., was an error, in that Dr. Crandall left Hokah two years ago, being succeeded by Dr. Reay. Dr. Crandall after two years of post-graduate work at the University of Chicago, has re-located at Fairmount, Minn.

The University of Minnesota, College of Homœopathic Medicine and Surgery, held its opening exercises Wednesday evening, September 7th, at the Dispensary building.

The opening address was delivered by Dr. O. K. Richardson, of Minneapolis, who dwelt upon the necessity of the maintenance of a separate entity, and the impossibility and futility of the proposed amalgamation of the old and new schools of practice.

Dr. Joseph Dillon, Hahnemann, Chicago, '04, is associated with Dr. W. S. Briggs, of St. Paul, whose health has been benefited by his Western trip, and who is on duty once more.

Dr. G. G. Balcom, Lake Wilson, Minn., is at work again after work in Chicago's hospital.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Born to Dr. and Mrs. F. A. Swartwout, August 20th, a son.

During the absence of Dr. H. H. Hawxhurst from the city on his summer vacation, burglars visited his residence and carried off about one hundred dollars worth of household goods. Fortunately the burglar was captured shortly afterward, and most of the goods recovered.

Dr. L. D. Wilson is spending the month of September at Atlantic City.

Dr. A. H. Taylor has moved his office and residence to the Royalton, 918 M street, N. W. Office hours, 8 to 10 A. M., and 4 to 7 P. M.

The will of Mrs. Eleanor J. Cooper, placed upon file a few days ago, names the National Homœopathic Hospital as one of two residuary legatees. As Mrs. Cooper was quite wealthy there will probably be several thousand dollars for the hospital, unless there should be some contest to the will, which is possible.

Typhoid fever is more prevalent here at present than during the early summer, probably due to the fact that a number of cases of the disease have been reported from Mt. Savage, Md., a small town near Cumberland, the drainage from which has polluted the Washington City water.

The health officer submitted his annual report a few days ago; one noticeable feature of which was the increased age of the decedents and the decrease in the deaths of infants.

The health officer makes a number of suggestions in regard to the inspection of food, the prevention of the smoke nuisance, and the inspection of schools. He makes a special point of the fact that in the inspection of schools there were a great many more cases reported of pediculosis among white children than among colored. He also makes suggestions for the registration of undertakers.

A newly completed tent for the treatment of patients suffering from tuberculosis at the Washington Asylum Hospital was inspected a few days ago by the Associated Charities Committee, and it has already demonstrated the practical beneficence of this plan. Several donations have been made for the erection of these tents. It is thought that a camp for tubercular patients might be partially able to support itself by requiring payments from those able to provide for their own expenses.

OBITUARY.

Dr. Frederic J. Nott,

Of New York, a graduate of the New York Homœopathic Medical College, class of 1877, died in the General Hospital at Portland, Me., whither he was taken after becoming unconscious on a train on the way to Bar Harbor. Dr. Nott was 52 years of age.

Hahnemann College Notes.

The Hahnemann Medical College library building and the reading room have been refurnished and offer a pleasant and profitable place for the early student. Dr. Charles H. Vilas, Emeritus Professor of eye and ear diseases, has given the authorities permission to purchase at his expense one thousand dollars worth of the latest medical books. The list is now ready for delivery, and will be on the shelves October 1st. There is no better way to benefit the college than by donations of this character. It is hoped by the faculty that this gift of Dr. Vilas's will be an incentive to others to add to the college library the new books as they appear from time to time.

Dr. Joseph P. Cobb, brown as a berry, is at home again, and retailing in a manner so earnest and honest that it brings conviction, impossible stories concerning piscatorial achievements in the Northwest.

Dr. C. Gurnee Fellows has spent the summer months in his beautiful summer house in Hinsdale, Ill.

Dr. James N. Downs, of Ottawa, has been spending his summer vacation taking in the clinics at Hahnemann and other Chicago hospitals.

The many friends of Dr. C. M. Sturtevant, one of the oldest and most successful practitioners in the State, will be pleased to know that he has recovered from his recent severe illness, and that he has every prospect of renewed health.

A bed in honor of the late Prof. R. Ludlam has just been endowed by the Woman's Circle in Hahnemann Hospital, and a beautiful oil painting of Dr. Ludlam, the gift of the Hon. E. M. Phelps, has been hung in the reception room of that institution.

Dr. Esbaugh, of Kankakee, Ill., an old alumnus of the Hahnemann Medical College, is renewing his asquaintance in the college clinics.

Dr. W. Henry Wilson is conducting some interesting experiments in blood analysis in his new laboratory in the college building.

Dr. George F. Shears, President of the Hahnemann Medical College, has returned from his summer home at Lake Geneva ready for the winter's work.

Dr. A. E. Ahrens, Dr. Herman A. Greiner, and Dr. G. J. Goodsheller have begun their terms of service in the Hahnemann Hospital as resident internes.

Dr. Alfred M. Houston, Hahnemann, '94, has located in Joliet, Ill., entering into practice with his father, Dr. Morris Houston.

Prof. Geo. E. Hale, in behalf of the Hale estate, has endowed a bed in the Hahenmann Hospital in honor of his mother, Mary E. Hale.

The opening exercises of the Hahnemann Medical College took place in the college building on the evening of September 20th. Dr. George F. Shears, the President, gave the address of welcome on the part of the trustees. Dr. Howard R. Chislett, the Dean, gave the address of welcome on the part of the college, and Dr. Clarence F. Barker gave the faculty address. A large audience was present.

Some New Lachesis.

The following extract from a letter from one of Boericke & Tafel's correspondents will be of general interest:

"We at last secured a fine specimen, a Lachesis snake, which we are trying to see whether we can ship by this steamer. The steamship people declined to accept it as freight, claiming that the authorities in New York will create trouble at the discharge, as the importation of harmful animals is prohibited there; and, although we sought the support of the U. S. Consul, Mr. Seeger, and this gentleman is willing to assist us, he has not so far given the desired solution, which, however, he promised to give tomorrow. Would it be given in time to allow us to make this shipment, the steamer leaving at 2 P. M. This is what we cannot foresee; but if the Consul grants our request, if the snake is not shipped by this steamer, it will be sent you by another of the same line or any other line."—Recorder.

Antimonium Crudum.

Dr. W. E. Wright writes as follows in the Recorder: This is one of our old drugs that, while well known to good Homœopaths, should receive more general use in practice, especially this time of year. Like Bryonia, it is a "hot weather" remedy, and, in fact, aggravation from any kind of heat, but especially of the sun. Second, note aggravation from water and hence bathers who have been injudicious and whose complaints date from time of bathing. Also, remember children who do not wish to be bathed. Third, remember, of all the remedies, this one has "the whitest tongue" as key-note in Materia Medica. If you are called to see baby and find it will not allow you to come near without crying, is peevish, fretful, irritable, and white tongue, and white curds in stool, try this drug. Though you may be skeptical about high potencies, try this drug high (B. & T.) for corns and callosities. Note in conclusion that this drug should be borne in mind for the extremes of life, with children and old persons.

Plaints of an Infant.

A child of creation, tender and nude,
Of midget proportions, untutored and rude;
Why was I thrust o'er the doorstep of life
Into this sphere of turmoil and strife?

Surely my advent and conduct while here
Will punish the authors who made me appear,
And rob them of rest through nocturnal hours
They needs must have to replenish their powers.

I'm a delicate creature my sponsors will grant,
Demanding more care than an exotic plant;
Or I wither and fade like an unwatered rose,
'Till my precious career is brought to its close.

They tell me how tenderly infants are reared,
How heroes were nurtured that nations revered;
Assure me of comforts through babyhood days,
And promise protection in numerous ways.

But perils I know are born of this earth,
That threaten each babe from the hour of its birth,
And tho' they would shield me when danger appears,
There are torments before me and hazardous years.

I'm lacking in strength and use of my arms,
While the eyes I possess cannot signal alarms,
Nor my stature contest with a valorous foe,
Thus life will be cheerless wherever I go.

Too brief is my sojourn, and feeble my mind,
For hope to inspire me like older mankind;
And healthy or ill I'm trundled about,
While the trend of my thought is ever in doubt.

Perhaps the great Master who knows I am here,
Will add to his vigils my baby career,
And tender me often a soothing caress,
'Till infancy passes and troubles are less.

C. S. Eldridge, M. D

Prophylaxis of Yellow Fever.

E.V. Bessawitz presents certain suggestions for the prophylaxis against this disease which are based on Finley's theory of its communicability. It devolves upon the Government to destroy the breeding places of mosquitos which are today recognized as at least one of the intermediate hosts of the specific disease-producing factors, and also to isolate and protect the patients. In addition, it is also necessary for the individual to protect himself against the bites of these insects with proper netting, and to kill them in his dwellings. Netting is good, but not sufficient. The author has found that the ordinary insect powder (Flor. pyreth.) when rubbed into the skin was most effective in driving the insects away. He suggests that the active principles of the remedy be isolated, so that they may be incorporated in other powders or ointments which may be made to adhere better to the skin. Salves, however, are not suitable to the tropics, and better results may be obtained if the essential oils of this powder could be isolated and employed.—Record.

Remarks on Adenoid Vegetations.

Lublinski states that although there is little new to be said on this subject, there are still a number of important points unsettled. Among them is the question as to whether these proliferations are to be considered as evidence of a scrofulous affection. Such a diagnosis should be well considered, especially in the presence of enlarged cervical glands. Wherever the latter are present, however, a thorough examination of the nasopharynx should be made, for adenoid vegetations may be present without causing any mechanical disturbances, and there may be no relation between the size of the glands and the degree of adenoid hypertrophy. The same applies to affections of the ear, where even small proliferations may bring about chronic ear disease. The connection between follicular conjunctivitis and adenoids has been observed by a number of authors, and here also the proliferations need not be extensive to be the cause of the eye conditions. In some cases the only thing which attracts attention is the chronic coryza with which the child seems to be afflicted. Other conditions which the author attributes to the presence of adenoid vegetations are the irritating cough of many children, which he has found in most instances to be due to the strings of mucus dropping down from these growth in disturbances of digestion, also from this secretion and the reflex irritation which results in constant gagging and retching; impaired mental conditions, marked chiefly by inability to concentration of the attention on an object on any length of time. The writer is of the opinion that operation should always be undertaken whenever conditions warrant, and is inclined to believe that operative procedures are instituted in too few, rather than in too many instances.—Medical Record.

Bicarbonate of Soda.

Soda in large doses is now recommended in tuberculosis and tubercular conditions, such as abscess and ulcerations, and the phosphate and chloride of sodium, our Natrum muriaticum, are also advocated.

Medical Century

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Materia Medica.

THREE MATERIA MEDICA NEEDS.*

BY GEORGE ROYAL, M. D., DES MOINES, IA.

During the past ten years many have written about the needs of our Materia Medica. Some have written from a sense of duty, after carefully considering the subject. Others have written, without considering the subject, to relieve a pent up mental energy. The former class has done much good to the cause of Homœopathy, the latter class has done far more harm than good. Henry Ward Beecher in a lecture to the Yale divinity students, when advising them how to treat "the good old deacon who always spoiled the prayer meeting," used the following illustration: "The cow which, after giving a pailful of good milk, kicks the pail over, should not be blamed." So we ought not to blame our good friends, who, after having successfully used our Materia Medica for years, ignorantly proclaim, from the housetops, its weaknesses, real and imaginary. The honest and informed man will always be glad to learn of the defects of our Materia Medica, for he knows that without such knowledge the weak places cannot be strengthened nor the system perfected. To the uninformed man it matters but little whether the system be perfected or not. To help understand the imperfections of any system one should familiarize oneself with all the conditions which have any bearing on the subject.

I wish today to briefly consider three points: First, How has our Materia Medica been constructed? Second, What efforts have been made to ascertain and preserve that which is reliable and winnow out that which is unreliable or worthless? Third, What is needed to bring our Materia Medical as near perfection as human agencies make it possible?

Construction

That Hahnemann, his associates and immediate followers should prove as many drugs as possible was the logical result of circumstances. They had discarded the old Materia Medica as worse than useless, but had nothing to substitute. The demand for material for a new Materia Medica was not only great, but it was urgent, imperative. Hahnemann and his disciples yielded and endeavored to supply this demand. It is easy to understand that quantity rather than quality should be the result of labor performed under such circumstances. Although Hahnemann wrought ten years before he published his Materia Medica, and doubtless during that time verified many symptoms, nevertheless, the demand for quantity was ever before him, for as his disciples began to practice the demand for more drug provings increased. The provings of any enthusiast were accepted. Thus much pure gold was mined, but with it an altogether too large proportion of alloy. For nearly seventy-five years this mining continued, during which period little smelting or coining was undertaken. For fifty years those who proved drugs were obliged to work without the instruments of precision which we have at the present day. These two causes—the great demand for remedies and the lack of instruments of precision—are in part responsible for the unreliable symptoms which appear in our Materia Medica.

Attempts at Purification.

The need of sifting our symptomatology was felt from the time of the first provings, and some feeble efforts were made, but not until Jahr brought out his manual, and Noack his handbuch, was a systematic attempt made. Forty years later, 1874 to 1880, T. F. Allen took the first real step in this important undertaking, viz., the accumulation of the material to be sifted. For his encyclopædia, Dr. Allen rejected but little material. His object was to get together the great mass of symptoms obtained from all provers from 1796 to 1876. In 1884 a joint committee from the British Homœopathic Society and the American Institute of Homœopathy was chosen to sift this mass which Dr. Allen had accumulated.

The work of this joint committee, which was composed of Drs. Richard Hughes, of England; J. P. Dake, of America, together with six co-laborers, three from Great Britain and three from America, resulted in the publication of "A Cyclopædia of Drug Pathogenesy." The work was done under a set of rules, nine in number, formulated by the committee itself. The task was an herculean one. The result was a disappointment to the majority of homœopathic physicians. The objection offered was that the experience and judgment of the committee were the only tests used for the sifting process; that they did not reprove any drugs but simply reviewed or rather edited the provings of others. And yet the careful student of Materia Medica realizes that as preparatory work and as a help in the work of the future the Cyclopædia of Drug Pathogenesy is of great value. Some individuals, some societies and some journals also endeavor to assist in this sifting

*Read before the Missouri Valley Homœopathic Medical Association, October 6, 1904.

process by collecting, collating and publishing the verification of symptoms. But no regular systematized, organized plan was ever formulated or adopted for this purpose.

The above is a brief, imperfect statement of a few causes which resulted in the three needs which I am going to present today. I will state them in the following order:

1st. Drug proving on a scientfic basis.

2d. Verification of symptoms on a scientific basis.

3d. Hard study on a scientific basis.

Drug Proving.

I do not wish to be understood as believing that there were no drugs proven on a scientific basis prior to the proving made by the O., O. and L. Society. Many of the provings were as scientific as the knowledge and facilities of the day made it possible. And yet I cannot agree with those who say that there is no necessity for reproving old remedies and who claim that we already have more than we can use, and deny the necessity of proving new drugs. Let me still further impress upon you the defect caused by haste and lack of instruments by asking a few questions. In how many provings will you find the effect of the drug on the blood recorded, in the freedom of the flow, the color, the proportion of red to white corpuscles, the entire number of corpuscles, such conditions and expressions as are used in making an ordinary diagnosis at the present day? How many provings record the minute changes which are produced in the inner as well as the outer eye, such minute changes as the ophthalmoscope revealed in the recent reproving of Belladonna? The little part which I took in the reproving of Belladonna convinces me that these objective symptoms, as important as any, will form a much greater percentage of the entire symptomatology of the scientifically reproven Materia Medica than many of you suppose. Another reason for proving our drugs on a scientific basis is the effect it will have on those who are now studying or who contemplate studying medicine. As a teacher of Materia Medica, I have always felt that I labored at a disadvantage when compared with the professors of practice or surgery. They could demonstrate with their instruments and other means what they taught, while I was compelled, in most cases, to ask the students to accept my word without any demonstration. But if I can take a prover, give him some Belladonna, and by the use of the ophthalmoscope show the effect it will have on the blood-vessels of the eye, I can convince the students, even if they come from Missouri, that what I say is true. And right here let me digress long enough to say that I feel that no student should be graduated from a homœopathic medical college who has not only proven one drug upon himself, but has also watched the effect upon others. And that as a member of the Intercollegiate Committee and Board of Drug Proving of the A. I. H. I propose to do all I can to secure such a requirement. One of the strongest arguments in favor of drug proving and reproving in the presence of our students is the effect it will have upon the young men and women educated under our present methods. The bachelors of science, the very students we desire, have been trained in our laboratories to observe cause and effect. To show such students the inflamed conjunctiva and injected blood-vessels of the inner eye caused by Belladonna will be much more convincing than the mere statement that the eye feels dry and full, and when you can present both the objective and subjective symptoms you remove all skepticism. Finally, the Materia Medica should be reproven in order to bring the nomenclature up to date. This, to a certain extent, could be done by the up-to-date Materia Medica writer, without a reproving, but not to the extent that the scientifically educated physician of the present day requires. The advance in science has brought into use many words and expressions not found in the writings of fifty years ago. If all the objective symptoms were expressed in the phraseology of the day their importance would be much more easily grasped by the men who have been educated within the past twenty-five years. Especially is this true of the objective symptoms of nervous diseases.

New drugs need to be proven; First, To give us the similimum for the symptoms of the new diseases. Second, To give us a similimum or a more similar remedy for some of our old diseases. To those who doubt that there are any new disease, I would simply say that new and changed conditions of living, the effect of civilization upon climate and the new avocations either bring about new diseases or so modify the old that new symptoms are developed which must be met by new remedies. We are using new remedies today which are doing better work than any old, although the new has been only partially proven. Permit me to cite Cuprum arsenicosum, Adrenalin and Chionanthus as types of a class of drugs which we use very successfully for certain diseases, but which have been only partially proven or not proven at all. How much better work we could do with them if they were scientifically proven.

Verification.

Side by side with this proving of drugs must go the verification of symptoms. This must also be done in a systematic manner. I have heard old Grandpa Lilienthal and T. C. Duncan give accounts of meetings at which Hering, Lippe and men of their time were present. One would relate some case in which a certain remedy had cured. He would give the symptoms which had led to the selection of the remedy. At once the others would pull out their note-books and record the symptoms and then go home and mark them in their Materia Medicas as verified, reliable symptoms. When the number of homœopathic remedies was small, when the number of homœopathic physicians was also small, this method was all sufficient; but at the present day it could only be utilized in our city societies. And even here only a few remedies could be handled. But if we had in connection with the Institute of Drug Proving a department for the purpose of receiving all the reports of these smaller societies and clubs, and comparing them not only with each other but also with the original day books

of the provers, you can readily see how valuable such a work would become. Such a system would compel us all to take the cases which we were to record more accurately, which, of itself, would make us far better prescribers. In proving drugs upon a scientific basis, I consider the verification of symptoms of equal, if not, greater importance than the observation and recording of them. To do such a work successfully will require the co-operation of the profession through its various societies. The chairman of the bureau of Materia Medica should collect and tabulate all recorded cases and send them to the head of the department of the Institute of Drug Proving. The societies which meet monthly should send in the reports every three months. After the work has been prepared by the department, the result should be published in the journal of the Institute. This would give to every member, every month, the symptoms of from three to five remedies verified on a scientific basis.

The Study of Materia Medica.

Fellow members of the Missouri Valley Homœopathic Medical Association, I speak my honest convictions when I declare to you that the greatest need of our Materia Medica at the present day is study. In the bookcase of more than one young homœopathic physician, in more than one State, have I been unable to find more than one Materia Medica. The space which should have been filled by other Materia Medicas was filled by sample bottles of some new specific or cure-all, and the explanatory literature which some enterprising drug house had kindly furnished. I realize that the subject of "how to study" and "how to teach" Materia Medica is a hackneyed one. I am also aware of the fact that a large number of books is not essential to the thorough study of Materia Medica. As to the best method of teaching, I have only this to say: So teach as to retain the individuality of yourself and your student. Much has been said of the desirability of a uniform method of teaching Materia Medica in our colleges. To my mind nothing could be more disastrous. I could not do myself justice if I tried to imitate my friend, Edgerton, or either of the Allens, and probably they would make sorry work with my methods. The process, which has been in vogue in our public schools, of forcing all the children through the same course as you run buttons through a mould, has been the curse of thousands of young men and women. In the same craft you often find that it is impossible for one man to do anything with a tool which another uses with ease and success. That the different writers on Materia Medica differed in the practical use of it is shown by their books. My study of the works of some, and my acquaintance with others, convince me that they had one trait in common, viz., they were all hard students of their subject. Each of our writers, in his own way, has given us something of practical value. Let me tell you, in the few minutes which remain, how each has helped me.

Dewey's Essentials I place in the hands of my first year students, and have them commit the answers as they committed the multiplication table.

Hughes's Pharmacodynamics when I want to get the physiological action of drugs, when I want to know the "tissue proclivity." I believe "tissue proclivity" is the term to be substituted for "elective affinity" of drugs.

Burt's Physiological Materia Medica I use to reinforce Hughes's for the same work. Burt is too diffuse, however, for use of students, though of great help to the physician who is well versed in the subject.

Hering's Condensed was the book which my preceptor put into my hands when I decided to change from allopathy to Homœopathy. He told me to study Rhus toxicodendron, but gave me no idea how to study it. It was to me, at that time, a conglomeration of nonsense. Now, if I want to find the "make up" of the patient or the modalities, especially the results from change of temperature, I go to Hering. His verified symptoms in the Condensed or Guiding Symptoms I can depend upon every time. If I have my case sifted down to two remedies and want to make a comparison McMichael's Comparative Materia Medica or Farrington's come to the rescue.

If I am in a hurry and want to get in one what I could find expressed more fully in Hering and Hughes, I take down my Cowperthwaite. If I want to skip from mountain peak to mountain peak, and look down surounding heights, or if I want to refresh myself while toasting my feet by the grate, I read Nash's Leaders. If my brother of the other school comes to me and asks for something to read in order to get some idea of our Materia Medica, I lend him either Nash or Farrington. I go to the Cyclopædia of Drug Pathogenesy when I want the day book of the provers. I like to know after I have looked up a case the symptoms of which seem to originate from the ovary, and have found them in my Materia Medica, whether the drug was proven by a woman or not. The Materia Medica I use the most is Allen's Handbook. His black type and italics are, in the main, reliable, but the most valuable is the grouping of the symptoms under his clinical headings.

As to repertories, I have worn two covers off Bœenninghausen's. This I use to ascertain the importance of symptoms. The Symptom Register ranks next to the Pocket Book in frequency of use. That and Gentry's Concordance you will find of great help in guiding you to the remedy if you are familiar with the relative value of symptoms; if not, you will need the day books or Bœninghausen's to help you decide. There are many other books which I do not possess, and hence am not as familiar with. Let me say in closing, that the greatest of the three needs, study, must be met by individual effort. If you do not do this as individuals it will never be done. We must have your help as a profession for the second verification. Your reports are essential.

We must have your money, or that secured by you from some one else to supply the third, proving, but the details must be carried out by the Board of Drug Provings, for which I ask your most cordial support.

CONIUM MACULATUM.

BY E. P. MILLS, M. D., OLATHE, KAN.

Conium maculatum belongs botanically among the umbelliferæ along with Cicuta, Asafœtida and other less known drugs.

Conium is an active nerve poison expending the most of its action on the end organs and smaller branches of the efferent nerves and only affecting the large trunks and the cord by an extension of the paralysis.

The graphic description by Plato of the death of Socrates is a remarkable example of this action of the drug: "Sōcrates having walked about, when he said that his legs were growing heavy, lay down on his back, for the man so directed him and at the same time he who gave him the poison, taking hold of him, after a short interval, examined his feet and legs, and then, having pressed his foot hard, asked him if he felt it. He said that he did not. After this he pressed his thighs; and thus going higher, he showed us he was growing cold and stiff. Then Socrates touched himself and said that when the poison reached his heart he should then depart. But now the parts around his lower belly were almost cold when uncovering himself, for he had been covered over he said (and they were his last words) 'Crito, we owe a cock to Æsculapius; pay it, therefore, and do not neglect it; * * * shortly after, he gave a convulsive movement and was gone."

As can be judged by the above extract the effect on the brain is limited, being confined to the ganglionic masses in its base, those that act as clearing houses between the brain and cord. However the spasmodic action is central and not spinal, for when the cord is divided the convulsive movements occur only in the muscles supplied by the proximal spinal nerves.

The eye is markedly affected. The pupil being dilated and the powers of accommodation disturbed. Any object fixed by the eye appears clear and distinct, but on attempting to shift the vision to other objects all is haze and confusion accompanied by dizziness and swimming. Ptosis is also a symptom developed.

The sensory nerves are but lightly and transiently under the influence of Conium.

Two other points of attack only will be mentioned, the urinary organs and the glands. The urine is voided with great difficulty and is viscid. The paralytic action is seen to be quite prominent. The glands are first enlarged and indurated and under its continued action atrophy. In a recent case where Conium was continued for several months one of the patient's testicles became very much enlarged and painful; no other cause could be discovered.

Therapeutically Conium is especially indicated in the complaints of old persons. Has been called the old maid's remedy. In scrofulous and cancerous indurations of glands. In prostatic hypertrophy. In vertigo. Dr. Simpson, of New York, in the Century, of April, 1903, pointed out its value as a "tonic" in all cases of debility where muscular weakness was a factor, as after the grippe, diphtheria, etc. Also in induration resulting from injuries.

Taking up the symptoms according to the scheme we find the most prominent and peculiar head symptom to be a characteristic vertigo. The symptom usually reads, "Vertigo particularly when lying down and turning over in bed." Nash has pointed out that looking sidewise or turning head from side to side when walking is just as characteristic (Colocynth has it on turning head to left). There is a headache as if head were too full. Dreads to be alone, but avoids company, is another symptom that comes in well in sexual hypochondriacs.

In the eyes it is one of the main remedies in scrofulous keratitis where the photophobia is greatly disproportionate to the objective symptoms. Weakness of vision Conium vies with Gelsemium. Causticum and Sepia in drooping of the upper lid.

Digestive organs. Frequent sour and offensive eructations. Jahr gives in italics nausea and vomiting of pregnant females. Vomiting of coffee-ground looking stuff together with violent lancinating pains give indications that have resulted in conium alleviating gastric cancers. There is a constipation that rather resembles Nux with the same ineffectual urging. There is a tremulous weakness after stool.

The urinary symptoms that are especially prominent are the starting and stopping of the stream (Clematis): Frequent micturition at night; cutting in urethra when passing urine and burning afterwards; violent urging every few minutes with passage of small amount without force. The picture is very close to the suffering of one afflicted with enlarged prostate for which Conium is king. Have had several cases where remarkable results have followed its use.

Sexual organs—male. Weakness characterizes. Desire without erection. Emissions from thoughts, the presence of women or when passing stool. Has amorous desires, but is impotent, the erection either being lacking or goes back on him. Naturally chagrin and hypochondriasis result. This mental condition occurs in either sex and may result either from excesses or abstinence. If with these symptoms we have the peculiar vertigo conium will be the remedy in old maids or male celibates.

Female—Violent itching of vulva and vagina. Leucorrhœa with much weakness in small of back. With contractive labor-like pain. Pimple on mons very sore to touch. Menses may either be scanty and delayed or appear about every three weeks. Induration of uterus and ovaries. Anxious dreams and heaviness of limbs previous to mensturation The breasts swell, become hard and painful just before menses appear. < by least jar or walking. Indurated nodes in breast, tender, with lancinating pains, especially after injury. Shriveling of the breast with increased sexual desire.

There is a dry spasmodic cough caused by a tickling in larynx or under mid sternum (Sanguinaria, tickling in the throat pit, Nitric acid from sore spot like ulcer in larynx) cough > by sour or salt food and by lying down, whooping cough after measles; cough in pregnancy.

The paretic action is shown on the heart by such symptoms as intermittent pulse, pulse unequal in strength and irregular in rhythm, palpitation after drinking. The last is unique, being found under no other remedy.

There is great weakness and trembling of the limbs, numbness and tingling in soles of feet. Difficulty in using legs from the weakness. Exhausted, faint, and as if paralyzed after a short walk. Conium has been used and successfully in locomotor ataxia.

Nash gives "sweats day and night; as soon as one sleeps or even closing the eyes," as a characteristic symptom and one found under no other remedy.

Aggravation—At night worst pains come, then rarely during motion, while at rest or sitting, while eating, while lying down.

The duration of action is given as from 30 to 50 days.

Antidotes—Coffea, Nitric spirits and Conium antidotes Nitric acid.

A FAILURE; OR, WAS BRYONIA INDICATED?

BY LUTHER PECK, M. D., PLYMOUTH, MICH.

While visiting at my old home in Massachusetts, this summer, the following case came under my observation. On the 25th of July at 4:30 A. M. I was called to see Miss A. S., age 16. Her mother gave the following history:

On the afternoon of July 23rd my daughter complained of stomachache, and dull pain about the abdomen; "didn't feel good;" ate no supper and retired early after taking two doses of Castor Oil, which gave negative results.

Sunday, July 24th:

Ate very little breakfast.

Went to church in A. M.

Ate very little dinner.

After dinner she went to bed feeling miserably all over.

Ate no supper on Sunday.

Two doses of Castor Oil again administered but with no results.

About midnight my daughter got up and came into my room, saying, "I cannot sleep, for I feel so miserably."

I first saw the patient on Monday, 4:30 A. M., of July 25th.

She was lying quietly in bed in the horizontal position, cheeks somewhat flushed, pupils dilated and face seemingly hot. Mouth dry and tongue coated white. Temp., 101.6; pulse, 110.

Mentally she was irritable and did not seem inclined to answer questions freely. She complained of a dull aching in the abdomen. A sharp stitch would catch her in the right side (putting her finger on McBurney's region) whenever she moved or changed positions in bed, especially when drawing the right leg up. Her whole abdomen was quite tender to touch. Marked muscular rigidity and signs of pains were noticeable when making a slight move.

Patient was constipated.

These were all the subjective and objective signs and symptoms I could obtain.

I gave Bryonia 3x in water every half hour, and called four hours later to find no change in her condition, so I gave Bryonia 1000th hourly and called again at 2:30 P. M., only to be disappointed in finding no improvement. A soapsuds and turpentine enema was given and Bryonia 1000th continued. Returning at 6 P. M., and finding my patient no better, I continued Bryonia 1000th and ordered a molasses enema. At 8:30 I called consultation and an operation was advised. Patient was sent to the hospital and operated on at midnight by one of Massachusetts' noted homœopathic surgeons. The appendix was enormously enlarged and gangrenous, bound down by adhesions and pus plentiful. Free drainage was allowed and the patient made a rapid and uneventful recovery.

Now the questions I raise are:

1st. Was Bryonia indicated?

I thought so and still think the same.

Why? Let us recall a few of the symptoms.

1. Irritable and not willing to answer questions freely; in other words, pleasant when let alone, but irritable when disturbed.
2. Lies quietly, aggravation from motion.
3. Mouth dry.
4. Tongue coated white.
5. Face hot and red.
6. Loss of appetite.
7. Sharp stitches on right side, < by motion.
8. Patient constipated.

All these are excellent symtpoms of wild hops, and these I thought were characteristic in my patient; but the drug failed me. It balked or would not pull on the tugs.

Second, if Bryonia was the right remedy did I not wait long enough for it "to help me out?"

If my memory serves me rightly I was taught that the usual rule with many physicians is to treat such cases remedially for twelve hours, and if there is improvement at the end of the first twelve hours of medical treatment then treat for twelve more, etc., but if at the end of the first twelve hours treatment there is no improvement, then "Beware." I think I waited patiently for Bryonia "to take hold," but I could detect no improvement.

Some right here might raise the question, Did you begin treatment early enough? This reminds me. It has been said, that to bring up a child well "begin a year before it is born." I might apply a like phrase here and say, to cure people begin treatment a year before they get sick. If I had seen the case earlier I might have obtained symptoms, subjectively and objectively, that would have called forth a different drug than Bryonia, but when I first saw the patient I thought Bryonia was her similimum and I looked for Bryonia to take charge over each of the above detailed symptoms, but the drug failed me, enemas failed me, and only the knife "did the business."

I have thus published what I think was a pure Bryonia failure, and I wish I may see more failures published in the medical journals. We are daily reading of great cures made everywhere and by everyone. It was but recently I read in one of our best homœopathic journals where Placebo cured a huge ulcer on the nose of two years' standing. Great is Placebo! Marvelous is Nature! Failures as well as cures are with us always. Let us see more of our failures published in the journals; for it is from our failures that we learn and not merely from the great cures we have wrought.

SOME COMPARISONS IN NATRUM VIZ: NATRUM MURIATICUM, NATRUM PHOSPHORICUM AND NATRUM SULPHURICUM.

BY D. CLAPPER, M. D., MOORELAND, IND.

In writing this paper it is not expected that I will say all or anything near what might be said of these three valuable remedies.

Natrum muriaticum, common salt, was the first one of these to be used as a curative agent in disease, and was introduced by the venerable Master of Homœopathy, and placed by him, his fourth volume of Chronic Diseases.

He says, on page 294, fourth volume: "The transmission by means of the peculiar mode of preparation adopted by Homœopathy of a substance like salt, which is apparently inert in its crude state, into a heroic medicine, the use of which requires the greatest discrimination, is one of the most convincing proofs, even to the most prejudiced, of the fact that the peculiar process of trituration and succussion resorted to in Homœopathy brings to light a new world power which nature keeps latent in crude substances." Certainly this is true; it does show that there is a latent power or force in drugs, which, when properly developed, is the curative element in the drug. Hahnemann also says that "it is rather an intermediate or subacute remedy" which makes it useful just when a disease is passing from an acute to a chronic stage. I know this to be true by experience; if used at this stage it will arrest the disease and return your patient to health; but will not go so far as Sulphur, or Arsenicum, or Hepar sulphur, or Silicea, or Calcarea carbonica, and arouse the vital force and enable or assist nature to throw off disease that we have inherited from our fathers.

It acts mainly upon the secretive, digestive and nervous systems, and is curative in some forms of indigestion, in intermitting and remitting fevers, vertigo, headache and diseases of females at the menopause. Especially is it useful in fever when it would seem that China in some form ought but will not bring your patient back to health. Quinine in large doses may have been given, and there are blisters around the mouth and tongue; the tongue either has a white fur on it or it is mapped; the patient is despondent and says he cannot help but cry, even though naturally he is a strong and vigorous man. I remember one case in particular that I had in a strong man, never knew what it was to weep and shed tears, that had a case of intermittent fever, and a short time prior to his sickness had received a slight concussion to the brain in a runaway; had taken China, Belladonna, Arsenicum and various other remedies, but still had slight chills and fever; was despondent, no appetite, would cry, had mapped tongue and thought his life's work was done; one dose, per day, of Natrum muriaticum 30, brought him to his self again, a happy, busy and prosperous man. In females, at the menopause, when they have vertigo, dull headache, similar to sun pains, better at night, the patient looks on the dark side of everything; Natrum muriaticum 30, or higher, will do fine service. In some forms of indigestion it is a valuable remedy. The tongue is coated white, and the patient has empty eructations several hours after eating, pain in the bowels as of there was gas incarcerated in the bowels, but there is none. Hahnemann says it is bowel indigestion. There is an unusual flow of saliva.

In Natrum phosphoricum we also have a grand remedy in indigestion, but it is more from the stomach the food is thrown up soon after it is taken into the stomach, and is very sour; if it is milk it will be curdled, or it will cake and remain in the stomach; especially is this the case in children. The tongue, fauces and mouth will have a thick, yellow coat, all showing that there is decidedly an acid condition of the stomach. Natrum muriaticum has somewhat an acid condition, but not so well marked as Natrum phosphoricum. Both have burning at the stomach, but Natrum muriaticum seems deeper, so to speak, causing more of an uneasy feeling in the bowels.

Natrum phosphoricum is recommended by some authors for worms, but I have never seen any worms follow its use, but have had good results follow its use in conditions where it would seem that there ought to be worms. The little patient will pick its nose and strain at stools; finally, a jelly-like substance will pass from the bowels, or the stools may be green but no worms.

It is said to be a good remedy for rheumatism where there seems to be an acid condition of the blood and urine, but I have never had any experience with it in this disease.

Natrum sulphuricum is of great value and never fails to give good results when well selected. It acts to some extent upon the entire system, but principally on the liver, stomach and respiratory organs, and acts well in diseases that come suddenly without warning like la grippe, and in this disease. it is a grand remedy where there is a constant chilling and shivering, aching all over, head seems too heavy, heat will not relieve the chilliness, and nothing will make them comfortable. Hering says the tongue is red. It has a dirty greenish, gray or greenish brown coating, with bitter taste in the mouth, and the mouth fills with slime. The Natrum sulphuricum patient has enlarged liver, and is troubled with bilious remitting fever; especially is this the case if disease comes on suddenly without warning. Note the difference, Natrum muriaticum suits the case that has been in progress for a few days, or has been slowly coming on, and seemingly well chosen remedies have failed; it has the well marked fever blisters around the mouth, tongue is mapped or has a white fur on it. Natrum sulphuricum is also a grand remedy in asthma, especially where it comes at all seasons of the year, and is worse in damp, wet weather, and being out in the night air makes it very much worse. The 12th trituration is especially recommended for this trouble. I had fine results from its use in a number of cases of this kind. The brownish gray or brownish green coat on the tongue, and the mouth filled with slime, for Natrum sulphuricum. The white fur or mapped tongue for Natrum muriaticum, and the yellow, heavy coating on the tongue, fauces and roof of the mouth for Natrum phosphoricum.

As to the potency, I use Natrum muriaticum 30th

and higher, never lower. Natrum phosphoricum from the 3d to 30th. Natrum sulphuricum, 3d to 12th. The potency is my own experience.

STANNUM.

BY WILLIAM BOERICKE, M. D., SAN FRANCISCO, CAL.

It was left to the genius of Hahnemann to interpret and apply the great medicinal powers of tin. By means of the open sesame of drug provings on the healthy, its stored medicinal virtues were forced to show themselves and their adaptation to various states of diseases recognized and then utilized by Homœopathists everywhere.

By that means, too, the standing of Stannum as a medicine became rehabilitated, for among the early physicians it was known as a valuable drug for conditions verified by our modern provings. This knowledge, however, was lost when philosophical speculation, mechanical and chemical theories invaded medicine, and from thence on Stannum is known to the modern old school only as a vermifuge. Here it is generally supposed to act mechanically, but Hahnemann showed that such a hypothesis was untenable upon the facts, for water in which tin has been boiled is anthelmintic. Tape-worm, lumbrici and ascarides come away often after the use of the dynamized metal.

We rightly infer from a study of the provings that the chief action of Stannum is centered upon the nervous system and respiratory organs. It effects these in a very marked and characteristic manner, offering little difficulty in determining its place in our therapeutic armamentarium.

The Stannum drug individuality is seen in:

1. Mental Condition.

Low-spirited with nervousness and weakness.

2. Great Debility.

Prostration of entire nervous system, especially weakness of voice and chest. Many symptoms show themselves when using the voice.

3. Character of Pain.

Gradual increase and gradual decrease of the pain with amelioration by pressure.

4. Action on Mucous Membrane.

Copious secretion, bland, unirritable, yellowish, collects rapidly and is expectorated easily, affording relief.

The frequent causation of nervous disorders, as epilepsy and chorea by worms, led to the use of tin in instances of the kind where such origin was expected. But it not infrequently happened that no worms were brought away, yet epileptic fits were much alleviated. Thus it grew in favor as a remedy for epilepsy. (Hughes.)

Convulsive attacks with violent movements of the hands and eyes, the head being flung back, the thumbs drawn up and face usually ghastly pale. It produced a good deal of nerve pain among the provers, mostly superorbital. Its chief and often verified character is the gradual crescendo and descrescendo character, the vomiting supervening at the acme. The gradual increase to the highest point and gradual decline is a sure indication for the Stannum pains anywhere, frequently verified. It is often associated with the drug's general debility, bodily and mental; again, in some cases with its characteristic mental state of depression. Patient feels sad, despondent, cries easily, and this rather increases the trouble. Other pains calling for Stannum are found in the abdomen with clawing pains about the navel. This colic is better by hard pressure or by lying abdomen of child across the knee or on shoulder; it is caused often by worms. Again, we may have darting pains in the chest, especially the left side; or smarting sore pain deep in the chest. Most characteristic is the great weakness in the chest, so weak that talking is painful. Any effort to use the voice in talking, laughing, singing, reading aloud, produces aching and weakness in chest and arms and hoarseness. Stannum is an important remedy for singers and public speakers.

In phthisis where the bronchial tubes are inflamed and dilated with loose cough, green, muco-purulent expectoration, sweetish or salty taste. The cough may be strangling, chest feels weak and sore, respiration short, oppressive, hectic fever, exhausting night sweats, especially towards morning. So in bronchial catarrh with soreness of chest, stitches, oppression, deep-sounding cough, yellow sputa, with retching and vomiting of food and always with much general weakness, weak voice, weak chest, empty sensations, tired and weary, neglected colds which tend to go into consumption. There is an aggravation from noon till midnight.

In phthisical cases Stannum jodatum in the lower triturations is often preferable. Whenever the progress of the disease is rapid, especially in patients with a clear complexion and long eyelashes, there is a tickling dry spot in the throat causing constant cough, with shortnes of breath, weak feeling in chest after coughing.

Stannum is frequently indicated in females when the great prostration accompanies a too profuse menstruation with melancholy. During menses there may be pain in malar bones, this pain coming and going, always gradually yellow leucorrhœa with marked debility, the weakness seems to proceed from the chest. Again, there may be prolapse of the uterus and vagina, worse during stool. The patient is very weak, can hardly move about, limbs feel heavy and paralyzed, has to sit down and rest several times while dressing; so weak she drops into a chair instead of sitting down. Faint and weak, especially when going down stairs. With it all there may be a cardialgia, sinking, gone feeling, sensation of emptiness with much hunger.

Stannum Hypochondriasis.

It corresponds to the abdominal spasms and diaphragmatic pains of these subjects. it is also indicated by the intolerable uneasiness so that the patient knows not what to do with himself. Hypochrondriasis where the abdominal pains are relieved by walking about, while on the other hand the sufferer is so weak that he is fain to rest, whereupon his distress returns. Paralytic weakness at all times, limbs give out when attempting to sit down, so the fingers jerk when holding pen, hence in writer's cramp, typewriter's paralysis, etc. Stannum is a

drug that Hahnemann himself used in the lower potencies, and the experience of the school rather justifies this; the second to the sixth trituration being the most useful preparation.

Surgery.

MECHANICAL PRESSURE IN THE PREVENTION AND TREATMENT OF PROUD FLESH.

BY JOHN PRENTICE RAND, M. D., MONSON, MASS.

Some years ago a last manufacturer in Worcester cut off the end of his thumb. It was not a bad cut and hardly touched the bone. He did it up in some cotton waste to stop the bleeding, and expected it to heal without difficulty. At the end of a week it had failed to do so, and as it was growing very irritable and sore he came to me for advice.

It was easy to see that the condition was one of exuberant granulations, which had grown out beyond the original end of the thumb and had become very troublesome. I did the thumb up in burnt alum, and promised a speedy recovery. In two days he returned with the thumb no better. I then cauterized it with Nitrate of silver, and continued with the burnt alum as before. Again, he returned without improvement. I now applied cocaine, and with strong sulphuric acid burnt away all of the diseased tissue. This seemed to do good for a day, but in spite of frequent applications the proud flesh continued to grow until at the expiration of two weeks I actually thought the man had got some malignant infection in his thumb which would necessitate amputation.

I spoke with Dr. J. K. Warren about the case, and he advised me to strap the end of the thumb sharply down with adhesive plaster. This I did, applying underneath a bit of absorbent gauze covered with a Eucalyptus cerate. The effect was like magic; in one day the thumb was decidedly better, and in a week's time it was well.

Following this I had for a patient a little girl of eight years whose clothes had caught fire and burned the skin off entirely from over one-third of the thorax. The mother of the child in extinguishing the flames had burned both of her hands to blister. The husband was too poor to hire a nurse, and so I advised sending both mother and child to the Springfield City Hospital, which was done, the town paying the bills. This was on April 10, 1899. The mother and child both went to the hospital together and remained until May 18th, a period of nearly six weeks. The mother's hands healed kindly, and the smaller burns upon the child did the same. But the large burn covering, as I said, over one-third of the thorax, had not healed at all. The whole surface of it was a mass of exuberant granulations standing up above the surrounding skin fully a quarter of an inch, and in some portions considerably more. Attempts at skin gratfing had been made at the hospital without success. A few of the grafts had lived, but had amounted to nothing. There was not a particle of skin on the whole surface as big as a homœopathic disk.

Remembering the good results of mechanical pressure in my previous case, I applied the same treatment here, using the Eucalyptus cerate and absorbent gauze next to the raw surface.

Outside I applied a strong roller bandage, which I wound very tightly around the entire thorax.

Improvement began at once, and upon the 17th of June, a period of only thirty days, the burn was completely healed, and I dismissed the patient. I never saw such rapid improvement in any case, and I lay it all to the mechanical pressure of the roller bandage.

Two facts at least are evident: The large burn had not healed perceptibly in nearly six weeks under hospital treatment, and in just thirty days after, under mechanical pressure, was well.

In less marked cases I have confirmed the value of mechanical pressure many times. When it can be utilized I believe it much better than local astringents or anything else. And it can be utilized upon almost any part of the body. The value of a well applied bandage upon a raw surface is largely due to the mechanical pressure it affords.

The end of a finger or toe can be very easily dressed with adhesive plaster by passing a long strip from the metacarpal joint over the end of the phalanx down to the same articulation on the other side, and then winding the finger with adhesive plaster to hold in place.

The ordinary roller bandage always exerts more or less pressure upon any part of a limb except the stump when properly applied. Upon the face or lips it is difficult to apply pressure without discomfort, and both, on account, of their great vascularity, are quite prone to proud flesh. Astringents, too, about the mouth are apt to have a deleterious effect upon the teeth.

But my time is up, and I will only detain you for a single sentence with which to summarize the teachings of this paper: Mechanical pressure is of great value in the prevention and treatment of proud flesh, and should be utilized whenever it is possible to do so.

*Read before the Worcester County Hom. Med. Society, August 10, 1904.

Practice of Medicine.

SOME WAYS IN WHICH THE SPECIALIST MAY BE HELPFUL TO THE GENERAL PRACTITIONER.*

BY E. D. BROOKS, M. D., ANN ARBOR, MICH.

The relationship of the general practitioner to the family as such renders him responsible, morally if not legally, for each member thereof being given the opportunity to make the most of life and to become able to most fully meet its duties and obligations and to win for himself an honored place in the sight of his fellow men.

Ill health, or the loss, wholly or in part, of one

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of the special senses, especially that of sight or hearing, is a severe if not insurmountable barrier to the highest development of the person so afflicted; hence, it is the duty of the physician not only to cure the sick, but to so keep watch over each member of the family that he shall have his full opportunity to develop all his faculties.

One's usefulness in society depends not only upon his ability to earn a living for himself and those dependent upon him during the period of his strong manhood, but also to lay up in store sufficient to maintain himself and his dependents after his capacity for earning is a thing of the past, else he becomes a public charge or in turn becomes dependent upon friends or his family, thus lessening their chances for securing a competency.

So much is this ability to succeed financially dependent upon the possession of useful if not perfect sight and hearing, and so large a proportion of the incurable cases occur in childhood and could have been cured, or at least much bettered if proper treatment had been early instituted, that it behooves us to be watchful lest we allow some such cases to pass the curable stage, from neglect or incompetency. While not all general practitioners have the time or the skill necessary for the care of diseases attacking these special organs, all may and should have the ability to discover when such care is necessary, and sufficient interest in the case to advise appropriate treatment and to persistently hold before the parents or guardian the necessity for such treatment. The shocking array of eyes useless from disuse and ears that have lost their hearing for want of care is a standing disgrace to our pretended scientific care of the body. The agony that comes to one when told that the sight of one eye or the hearing of one ear is irretrievably lost makes a person wonder at "Man's inhumanity to man," since he knows that such a calamity could have been averted if only the physician had done his duty. These cases do not often come to the attention and care of the specialist until the damage is nearly or quite irreparable, hence it is the family physician who must bear the blame for the deplorable result. A large part of my time and effort are expended in attempting to do at a late date, and at great disadvantage, what could have been done so easily and certainly earlier in the course of the disease, and before tissue changes had occurred which render nearly futile all the skill and patience I can bring to bear upon it.

The real success as well as the reputation of the family physician depends in large measure upon his ability to prevent serious consequences to his patients from the multitudinous ills that beset and attack them from infancy to old age, and he best fulfils his calling and is best worthy of praise who succeeds most certainly in so piloting his patients' frail craft that it escapes wreck or serious damage from the many jagged rocks that threaten its very existence at every turn, and who calls to his assistance at the time of need those who know the channel, when he reaches waters unknown to himself.

The mission of the specialist is not to supplant but to supplement the family physician. Not to keep the patient until he has bled him for as many dollars as he thinks safe, but to return him to him who sent him with stronger confidence in the ability of that one to care for him because he knows when to seek assistance and has the courage to not pretend to know all specialties, but knows that no one man's life is long enough to permit him to become expert in all, and that there is plenty in the one specialty of the eye, ear, nose and throat to satisfy the most aspiring of men.

No one will deny that occasionally a specialist will seek to injure the physician who sent the patient or who had first treatment of him, just as there are men in every calling who disgrace it, but such instances of selfishness and greed are fortunately rare among men who have attained eminence in the specialty, and there are plenty of honest ones to whom you can safely refer cases needing their care.

It may not be out of place here to briefly refer to a few of the many ailments in which the family physician can and often does find acceptable assistance from the specialist in ophthalmology and otology.

(1) In locating the source of chronic cough, as in lingual tonsilitis, pharyngeal or laryngeal ulcer, cryptic tonsils, adhesion of the tonsil to the pillars of the pharynx, irritation of the external meatus of the ear by the presence of impacted cerumen or other foreign bodies, or intranasal pressure from septal spurs, foreign bodies, hypertrophied turbinals, etc.

(2) Discovering and removing the cause of recurrent headaches, as in hypermetropia, astigmia, muscular imbalance or anisometropia, eyes which are very unlike in their refraction.

(3) Chorea and other nervous disorders from the same causes as in No. 2.

(4) Mental hebetude, mouth-breathing, middle ear diseases, frog-face, stupid appearance, etc., from adenoids, enlarged tonsils or nasal occlusion.

(5) Apparent stupidity or dulness from defective sight or hearing. Many a child has been blamed by parents and teacher for not keeping pace with his class, and has been thought dull, when he merely cannot see or hear like his fellows, but does not know that others see or hear better than he.

Most, if not all, the above-mentioned conditions can be cured or greatly ameliorated by the competent occulist and aurist, while society and all immediately concerned in the welfare of the little ones so afflicted will be benefited thereby.

TOXÆMIA AND ALBUMINURIA OF PREGNANCY AND THEIR TREATMENT.

BY E. S. SNYDER, M. D., LANCASTER, PA.

I have selected this subject for the paper I bring before you today for the reason that I realize it to be one that is of vital importance to any general practitioner of medicine, believing that we can learn from each other in proportion to the discussion that may be brought out or provoked by my treatment of this subject.

Toxæmia of pregnancy has long been recognized as always present to a greater or lesser degree in the great majority of pregnant women. However, perhaps more strongly, or at least a greater percentage of the primiparæ, suffer from this affliction. It has

long been recognized by some authorities as being the result of auto-intoxication, the direct result of retention of certain poisons in the blood, brought about by the system being called upon to carry off the excretions of the fœtus in utero caused by regular regressive metabolism. Others claim that it is due to changes in the pregnant mother herself, as it has been demonstrated by increased toxity of blood serum and corresponding decrease of that of the urine, shown by their effect after injection of certain toxins into the circulation of the rabbit.

Be this as it may, we shall not take up any further arguments, whether pro or con at this time, as it shall be our aim to dwell upon such a course of procedure that we may hope to control successfully at least nearly all of the cases that may knock at our door for the necessary advice and treatment.

We find also that in nearly all cases of pregnancy a greater or lesser amount of albumen will be permanently present. Now, where present in large quantities, it may be considered of grave import, while in cases of very small amounts it may be the result of vaginal or urethral mucus getting into the urine. This applies more particularly where the urine has been secured by the aid of a catheter. Therefore, the most accurate tests have been from urine not secured by the aid of a catheter.

The question of albuminuria, therefore, being such a grave one to the patient, should never be overlooked by the physician in charge. In order to properly meet the responsibility every physician should feel it his duty to carefully examine the urine of every patient during pregnancy at least once a month for the first six months of pregnancy, and after that every two weeks, unless grave symptoms should arise and continue with some persistency, when it is his duty to examine the urine daily and note such changes as are going on, giving treatment for the same.

Should the above conditions be accompanied by a considerable reduction in the amount of urea thrown off in twenty-four hours, with perhaps some gastric symptoms arising, also headaches and lassitude, plus the diminished urinary secretion, with which may be associated œdema of the face or lower extremities with considerable nervousness and impaired vision, and, indeed, as I have seen in one case, almost total blindness, to which was added temporary hallucinations, during which time the patient imagined first that everybody was taking sides against her and making things as uncomfortable as possible. Consequently she would become so irritable that it became a task, indeed, to be about her. Again, she would become melancholy, cry and imagine that she was soon going to die and that there were no hopes for her relief from persecution in the hereafter.

Now, the totality of these symptoms make up a grave picture of threatened eclampsia, and such a patient, in my opinion, should be put to bed at once, rest, quiet and warmth being essential. The room should be warm, and, indeed, if the weather be not too hot, have the patient between blankets. Few cases of threatened eclampsia are so mild as not to warrant this care. Daily tepid sponge baths should now be given and the proper diet selected, which, in my choice, would be a milk diet, because we all recognize that milk in itself acts most favorably as a diuretic. Also religiously avoiding meats of any kind, and particularly red meats, or, in other words, butchers' meats, and any other strongly nitrogenous foods.

I shall now take occasion to say that I believe all pregnant women are absolutely better off without meats of any kind during the pregnant state.

Now as to the remedies from which we may select for these particular cases we must never lose sight of the fact that they must have a strong bearing upon the circulatory and excretory organs, and I will admit here that I have on certain occasions found it necessary to use drugs in the last days of pregnancy, pushing them for their physiological effects, so as to obtain their action to the fullest degree upon the circulatory and excretory organs.

In one case in particular that I now recall I was compelled to deliver prematurely, under anæsthetics to avoid eclampsia, and after the delivery and the patient recovered sufficiently from the anæsthetic the muscular twitchings, excitability and nervousness became so great that I resorted to narcotics constantly over a period of days that I might keep the patient completely relaxed and have no convulsions. After the fourth day the patient had sufficiently recovered, so that I withdrew all narcotics, as she was completely relaxed and well composed, and went on with speedy recovery, although in her case I continued her upon Arsenite of copper over a period of several months, when the amount of urea in the urine became normal, and all traces of albuminuria disappeared, I considered the patient practically a well woman again.

In this particular case I might add that the child was not affected in the least by the condition of the mother, and we had a strong, healthy boy brought into the world by this mother.

We must bear in mind in the selection of remedies that they run along the same lines as those used in the treatment of acute or chronic nephritis. We would, therefore, think of such remedies as Arsenite of copper and Apis. This latter remedy is, indeed, one that should never be overlooked in the treatment of any of these cases, as the pathogenesis of this remedy presents almost a perfect picture of this affection, as we all know œdema is at least a great clinical symptom of this drug, and if we add to that the whitish, transparent, waxy appearance of the skin and the absence of thirst, scanty urination with a highly albuminous condition of the urine, containing tube casts, it seems indeed almost impossible to have a case that this remedy would not be indicated.

Other remedies that would be thought of would be Cantharis, Terebinth, Mercurius corrosivus and Phosphorus. Digitalis is often called for when the characteristic cardiac complications are present.

And now, if my brief essay upon this important subject shall meet the desire of the bureau, I trust that we may have a lively discussion of this subject that shall prove equally beneficial to all. (Pa. Hom. Society.)

THE BEGINNING OF CHRONIC INTERSTITIAL NEPHRITIS.*

BY CLIFFORD MITCHELL, M. D., CHICAGO, ILL.

Inasmuch as we know little or nothing about the beginning of primary chronic interstitial nephritis or contracted kidney, the title of this paper may seem somewhat ambitious. Yet it will not be, I hope, without interest if a few rays of light can be thrown on what is admitted to be a most obscure condition.

It will not be denied, I think, that contracted kidney occurs in a number of cases in which there has been a previous history of good health or even robust health.

The well-to-do business man, who, in youth and early adult life, has been a good deal in the open air, either by occupation or by avocation, gradually becomes more and more wedded to business, takes less and less recreation, and is out of doors less rather than more as he grows older. Especially in the winter time he goes straight home at about five o'clock, dresses for dinner, eats liberally, and perhaps drinks alcoholic liquors more or less freely, after dinner he smokes, reads or talks with his family and goes to bed. Gets up in the morning and eats another meal, hurries down to business and works all day. By a life such as this processes of oxidation in the body are not favored. Now it must be remembered that in the laboratory of the human body almost all, if not quite all, the wonderful chemical changes are accomplished either by hydrolysis or by oxidation, so that when obstacles are placed in the way of oxidation Nature's chemical forces within the body are reduced in no small degree. During our long winters and cold changeable springs most business men are in the house for more than twelve hours out of the twenty-four, and must, therefore, eat two out of three meals without getting much, if any, fresh air between them. During the other twelve hours what little fresh air obtained is had during transit from house to office and in a few hurried trips from one office to another.

It is in well-to-do business men that we find chronic contracted kidney remarkably prevalent. It may be that the cares and worries of the business struggle in some way are an etiological factor, but the disease is known to be more common in cold, moist climates than in others. Still it is necessary to admit that all people who worry and who live in cold, moist climates do not have contracted kidney. I am more and more led to consider the kind of person in whom it occurs, and I find it in that person who, through devotion to business and in the possession of a comfortable home, gradually draws away from God's atmosphere into man's domicile, yet eats and drinks perhaps even more heartily than he who battles with life in the open air. There are a thousand and one ways by which a modern indoor life is made agreeable. Luxurious clubs, costly entertainments, theatrical performances, concerts, lectures, churches, political and social gatherings in general are the magnets which draw the 20th century man away from the simple, natural life, and make him adopt a course of living to which he is not as yet physically suited. Suppose now an attack of acute nephritis following an infectious disease of childhood has years ago weakened his kidneys; then in the artificial life of his middle age they may be unable to resist the second, though more gradual, toxic strain. In a good many cases of chronic contracted kidney we find a history of acute nephritis in childhood, but in a good many others no such history is obtainable. We do not know why some men have contracted kidney and others do not. But I claim to have noticed the disease to be relatively prevalent in the well-to-do business men of this section of the United States.

Elliott has pointed out that when there is chronic gastro-intestinal trouble an increased amount of work is imposed upon the liver, with the result that the liver cells become gradually and progressively affected, and eventually yield to irritation and prolonged over-functioning, permitting the poisons which reach them from the bowel, together with the products of disturbed hepatic function, to pass into the general circulation. The presence of these bodies in the blood disturbs vascular tension and a high degree of renal irritation results from their elimination.

I am in the habit, therefore, of testing all urines which come into my laboratory for indican, and if I find a brilliant indican reaction continuously in the urine of a middle-aged man I warn him to beware of contracting kidney.

The indican test I have modified so that it is extremely simple in performance; it is merely necessary to add to one part of urine by volume two parts of the strongest chemically pure hydrochloric acid, and to agitate the mixture, when if excess of indican is present, a blue color is seen. If you will apply this test to the urine of some of your bon vivants you may be surprised to see, especially after a banquet or "high old time," what a "high old" color you will find with the test. When this test is repeatedly successful in the case of an individual he must eat less, drink less alcohol, smoke less, and walk more. If, in addition, he take French Vichy water for several months regularly as a beverage, it will aid materially, as will also the use of Nux, Bryonia, Lycopodium, etc.

Suppose now nothing has been done by way of prevention, what is the first sign of chronic contracted kidney?

It is with some diffidence that I venture to announce my belief that I have discovered the earliest urinary sign. Yet having had recently gratifying opportunities for a close study of typically suited individuals, I think I am right in saying that the earliest sign is the presence of a trace of albumin and a few tube-casts at some one hour in the day without the same being found at other times of the day, and without the possibility, perhaps, of detecting either albumin or casts in the whole mixed twenty-four hours' urine.

To illustrate, let me describe what I have found recently in the case of a male patient between forty and fifty, who lives the indoor life. He was puzzled by the conflicting testimony of two physicians who respectively examined his urine and differed in their

*Paper read before the Minnesota State Homœopathic Institute.

reports. Doctor No. 1 insisted that he found a trace of albumin, and Doctor No. 2 that there was no albumin.

I examined his urine voided at different hours in the day, and not unexpectedly found both physicians right, as there was always a trace of albumin at one time of day and never any at any other hours. (He had consulted two doctors at different times in the day, and had voided the urine examined at the respective times of consultation.)

I examined the urine microscopically also, and found tube-casts to occur in small number at the same time with the albumin. A significant feature was the occurrence always of the albumin and casts in connection with a sediment of urates but never in the clear urine.

This patient, from the time he arrived at home until he walked to the train next day, breathed only the air of his house, took no exercise at all, ate heartily, and smoked more or less. The urine voided after breakfast could not hold the excess of urates in solution, and at the same time with the deposit of urates came the albumin and casts. In other words, he got enough oxygen to carry him till he loaded his already taxed system with the products of an imperfectly digested breakfast, and this was the last straw for the kidneys.

The old-fashioned habit of taking a walk after dinner at night is one we should revive and commend to our patients. My male patients say that after they get home at night they like to "settle down for the evening," as the expression is. They are "tired" from their day's work, and want "rest" not exercise. Moreover, walking is "monotonous," especially without company.

The writer claims that the "fatigue" of business men is largely of nervous origin, and that walking, after a time, will actually rest the patient in the best sense of the word; but it is necessary that the walking for this purpose be done after a good nourishing meal and not on an empty stomach. Many a woman even has told me that when fatigued from shopping she is aware of the "rest" afforded by a brisk after-dinner walk in the evening. The possible danger from foot-pads in the ill-lighted and unfrequented streets of our cities is an element which tends to keep many at home and with good reason. I recommend earnestly, therefore, the formation of pedestrian clubs, such as they have abroad, so that those who need or desire company for their evening walks can thus obtain it. There is practically no way of getting exercise in the open air during our long winter season except by walking. The only time the city man has for walking is before breakfast or after dinner at night. In order to walk regularly with any enjoyment, company is necessary. A club for the promotion of evening walks is in my opinion a modern desideratum.

The same club might also take up skating in the season when it is possible, but this form of exercise is not so well suited to all as is walking. It requires more preparation and athletic skill. Those who skate may become over-heated and subsequently chilled.

Bowling is doing much for many, but does not appeal to all. The only exercise to which nearly everybody is naturally adapted and which can be taken without much time for preparation is walking.

May the coming American man eat less and walk more!

Recent study of contracted kidney makes it probable that the disease may in some cases gain a foothold before any urinary signs of it appear, hence the necessity for adopting measures of prevention in the case of middle-aged men so far as possible by promoting bodily processes, keeping up elimination in all possible ways and aiding digestion in order that the strain on the kidneys may be a minimum one.

SANITARY CLOTHING.*

BY R. L. PIPER, M. D., TYRONE, PA.

Ever since the days when Adam and Eve trod the Garden of Eden clad only in the raiment of undefiled innocence, and by their transgression against the laws of God, created the necessity for more material clothing, the question of what we shall wear and how we shall wear it has proven a source of never ceasing anxiety to the human race. Shall it be full dress (characterized especially by lack of material), undress or redress? That is the question. There must be a dress for the weather, a dress for the time, a dress for the occasion, a professional dress, a business dress, a social dress, a menial dress, a religious dress.. Because you and I well know, although we may agree with Robert Burns that—

"What though on hamely fare we dine,
Wear hoddin' gray an' a' that;
Gie fools their silks and knaves their wine,
A man's a man for a' that."

We are very frequently judged by the clothes we wear. Did I hear you say, "What should a physisian wear Just let me in a quiet sort of consultation way tell you: A physician should wear a suit of armor, covering his body so completely that not even the tendon of Achilles would be exposed, so thoroughly welded and firm in its structure that it would be utterly impervious to the shafts of ridicule and slander, yet so delicate in its mechanism that it would be susceptible and sympathetic to the minutest rays of suffering and sorrow. Are the amens unanimous?

But laying aside all figurative expressions, we, as physicians, are vitally interested in the question of clothing for ourselves and our patients. The almost constant varying climatic changes occurring throughout the State of Pennsylvania, especially throughout the mountainous portions of the State, render its inhabitants susceptible to catarrhal and rheumatic ailments, unless the wisest and most diligent precautions are taken to prevent them. These precautions consist not only in preserving a proper mental and physicial equilibrium by observing and practicing sanitary and common sense rules in regard to exercise, eating, drinking and sleeping, but especially in regard to clothing. And I venture the prediction that more people acquire disease by being

*Read before the Homœopathic Medical Society of the State of Pennsylvania, September 22, 1904.

over clothed than by being under clothed. The "barefoot boy with cheeks of tan" can give away a few years of good solid health to his pale-faced, spindle-legged, silk-stockinged, money-to-burn city visitor and still live the required three score years and ten.

Life, that little word spelled with four letters, whose definition no one in this assemblage has ever dared to correctly interpret, is constantly producing heat. The chemical changes taking place in that beehive of industry, the human body, produces a sufficient quantity of heat to cause death within a few hours if part of this heat were not eliminated. The normal temperature of the human body, regardless of seasons, should be about 98½ degrees F. Hence we must eliminate all heat produced above the quantity which is necessary to preserve that temperature if we desire to remain in a normal condition of health. As you know, this elimination is produced in three ways, namely, by radiation, by evaporation and by conduction, which shows that nature believes in having reserve forces on hand for emergencies. The loss by radiation amounts to more than one-half of all heat lost and is produced by the difference in temperature of our bodies and that of the surrounding object, atmospheric or otherwise.

Evaporation is produced when the surrounding object is warmer than our bodies. It is intensified by dryness and impaired by humidity. You all have noticed the fact that we are much more comfortable on a summer day with a dry atmosphere than on one with great humidity, although the temperature be the same.

Conduction is regulated and controlled by the extent of the air current, and it is also a well known fact that we feel excessive cold as we feel excessive heat, much more in a moist than in a dry climate. Hence to maintain, as nearly as possible, a normal condition of temperature it is necessary for our skin as well as the air and clothing immediately surrounding it to be kept as dry as possible. To do this we must wear clothing which will not interfere with a proper elimination of the amount of heat which our body has to dispose. The protective feature of clothing depends upon its porosity of air holding capacity. Experience and observation have taught me that garments composed of linen or cotton loosely knit and porous in their structure are much more efficient for this purpose when worn next the skin than those composed of wool. The most ancient authority I can give is Moses, who, in Ezekiel, 44th chapter, 17th and 18th verses, says: "They shall be clothed in linen garments and no wool shall come upon them; they shall not gird themselves with anything that causeth sweat."

Woolen garments are deficient in the power of absorbing and eliminating moisture, consequently, while a woolen underwarment will impart a feeling of warmth and comfort to a dry body, when, by reason of exercise or excessive surrounding heat, evaporation is increased, the woolen garment becomes moist, further evaporation is seriously interfered with, and there necessarily follows a feeling of oppression caused by retention of heat. Then let our bodies be exposed to a draught of cool air and a cold results almost invariably. The same process of reasoning would make woolen garments the best material for overclothing in winter, while those composed of loosely knit and porous linen or cotton, linen especially, would be the ideal undergarment; of course, the proof of the pudding is in the eating. Theories often build beautiful air-castles, but facts come along and knock them into smithereens. The doctor who covers too many sheets in expatiating upon his hobby may be accused of having a diarrhœa of words and a constipation of ideas.

But we all have patients who are extremely susceptible to nasal and bronchial catarrhal conditions and aggravations. A sudden change in the weather, a little violent exercise producing perspiration, a draught of air, work for the doctor. It doesn't seem right to throw away a good thing, espeecially when we need the cash, but we are the conservators of the public health even at the expense of our pocket books. About a year ago I experimented with several patients of this class by advising them to wear porous linen underwear and cotton stockings instead of the time-honored wool. To my gratification the consequence was that during the extreme weather of the past winter and spring and our cool summer they have enjoyed a degree of health far superior to that previously experienced. Another abomination which should be entirely abolished is the patent leather shoe. The reason is exactly the same as that given for the clothing, interference with proper elimination of heat and moisture. In regard to the so-called medicated underwear I have had no experience with it, consequently I cannot give an intelligent opinion.

In fact, my experience with linen mesh and cotton fabrics for winter underwear is as yet in the experimental stage. But I believe they are advocated upon proper hygienic principles and will prove of far-reaching benefit to the majority of our patients Unfortunately these patients are born with certain idiosyncrasies. In many cases these idiosyncrasies are aggravated by dissipation. To be successful physicians we must make a careful study of each individual case and prescribe accordingly not only medicinally but hygienically. For this reason I earnestly solicit a full discussion and criticism of my few thoughts upon sanitary clothing.

Psychology.

GENERAL PARESIS.

A Clinical Consideration of Its Cause, Symptoms and Prognosis, Based on Experience at the Middletown State Homœopathic Hospital for the Insane.*

BY R. C. WOODMAN, M. D., FIRST ASSISTANT PHYSICIAN.

General paresis is essentially an organic disease of the central nervous system. It is variously called in English "general paresis," "progressive paralysis of the insane," "paralytic dementia," and by the laity

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"paresis" or "softening of the brain." These terms are also loosely applied, both by the public and by many physicians, to the mental failure of old age or to that following apoplexy; something very different from what is meant by "paresis" in this article.

Undoubtedly the chief cause of the disease is syphilis, for, though there is nothing in the anatomical character of the lesions showing this to be the fact, yet experience shows syphilis to have been an antecedent in a very large number of cases. Dr. Frederick Peterson several years ago examined the contributions of at least seventy authors on this point. He concludes that not less than fifty per cent. of paretics give a certain history of syphilis, and that probably sixty or seventy per cent. have such a history; that a history of syphilis is from seven to ten times more common in general paresis than in other forms of insanity. He, however, finds from 30 per cent. to 40 per cent. without such an infection.

At the Middletown State Hospital a diligent effort has been made to ascertain as far as possible the facts bearing on specific infection in the men, thirty-five in number, admitted with general paresis in the past five years. A reasonably certain syphilitic history was obtained in twenty, or 57 per cent. The remaining fifteen are made up of two cases in which their physicians certified that syphilis was suspected, but they gave no reasons, three cases in which other venereal disease was admitted, two of known early sexual irregularities, one case of locomotor ataxia, who had taken anti-syphilitic treatment; two laborers who had lived rough lives, two traveling salesmen, a stage carpenter, an intemperate engineer from New York City, and, lastly, a teacher of good habits, as far as known. Thus it appears that thirty-four of these thirty-five men either are known to have had lues, were exposed to it, or their occupations or habits were such as to make its acquirement readily possible. This is not proof, but when allowance is made for the failing mind of the patient, the common ignorance of his family on this point, the lapse of from five to twenty years which usually intervenes, the motives for concealment, the fact that in sane persons with tertiary symptoms, or even with the initial sore, infection is often denied, one doubts if the syphilitic history could be oftener elicited if all were infected, and one cannnot help believing that in the latter fifteen the same factor was probably at work as in the first twenty.

This is supported by an examination of the cases not proven specific for the other chief alleged causes — alcoholism and mental or emotional overstrain. In seven there is a history of decided alcoholism. Most of the others were occasional, but were not considered excessive, drinkers. Three were laborers, one a teacher, three were or had been travelling salesmen. These with two clergymen, a waiter, a stationary engineer, a telegrapher, a butcher, a coal merchant, a mechanic and musician in a minstrel troupe, and one man who lived and dissipated on inherited wealth, make up the group. These are occupations that with a few exceptions are not considered especially productive of mental strain, nor is there anything to show that these men followed them unusually strenuously.

The occupations of the entire 273 male paretics admitted since the opening of the hospital have been tabulated as follows:

Book keepers, clerks, etc.	38
Brokers	3
Builders, contractors, foremen	6
Farmers	15
Hotel keepers, bartenders, etc.	13
Laborers	33
Manufacturers	8
Merchants, large and small	36
Policemen and postmen	5
Professional men	25
Railroad employees	13
Salesmen	16
Theatrical men, including musicians	11
Trades, mechanics	39
None	12
	273

While this table shows that no class is exempt, it indicates that the more prosperous and brain working elements of the community furnish more than their quota of paretics.

Alcoholism is recorded as present in 109 cases. One hundred and seventy-three were said to be temperate or abstainers, and in thirty-one there is no information given.

There are many cases in which, as far as can be determined, neither overwork, mental strain nor alcoholism are present. For instance, a young man of 37, single, in business with his father, without cause for worry, one who went early to bed, did not drink or smoke, yet developed a typical attack of paresis. It was only after some time and considerable persuasion that he finally revealed what was hidden from all his family, and told circumstantially how he contracted his specific disease.

Probably, then, occupation and alcoholism are active chiefly as predisposing causes of syphilis, and without this infection there would be no paresis. Krafft-Ebing, as quoted by Oppenheim, has added an additional link to the evidence by inoculating a few paretics with syphilitic virus. The inoculations were ineffective, showing the patients to have been probably previously infected. On the other hand, it is said that in Egypt, where syphilis is very common, paresis is unknown. In that country drink and mental strain are not common, and it is plausible that, given the luetic taint, these may contribute in bringing on the break-down, though there are not a few cases in which they are not present to any unusual degree.

The knowledge of the specific origin of paresis is of no service in curing the disease. It is important as adding another reason why every possible means should be taken to limit the spread of this preventable disease which insidiously after many years cuts off so many useful men in their prime. Whether full and complete treatment of syphilis in its early stages will prevent general paresis is uncertain, but in only a few, not more than four, of the above twenty cases, as far as can be learned, was full treatment carried out. At one time mercury

was freely given for every minor disorder, and the discontinuing of this practice has been suggested as a possible cause of the increase in paresis, which, in some parts of Europe, represents more than 25 per cent. of all admissions to institutions for the insane.

At Middletown, excluding those considered doubtful cases, the percentage of admissions is 4.8 per cent. The paretics in each consecutive thousand admissions are fairly evenly distributed as follows:

In the first thousand	36
In the second thousand	59
In the third thousand	50
In the fourth thousand	55
In the fifth thousand	38
In the sixth thousand	51
In the last 532 admissions	24
	313

Age exerts a marked influence on the onset of the disease. Juvenile cases are reported but there are none in this series. The youngest case was a woman aged 23. No other case was under 26. The ages of the patients on admission are grouped by five-year periods, as follows:

20 to 24	1
25 to 29	11
30 to 34	34
35 to 39	70
40 to 44	80
45 to 49	68
50 to 54	28
55 to 59	15
60 to 64	4
Not given	2
	313

It is noticeable that a large proportion of paretics, 82.7 per cent., are or have been married. When admitted 229 were married, 24 widowed, 5 divorced, and 54 single.

Forty cases in this series are women. From the opening of the hospital until five years ago every tenth paretic was a women. During the past five years, among forty-nine cases, thirteen were women, or a little more than one in four.

The method of onset probably cannot be better described than by a brief account of the early course of a few recent admissions:

Case No. 6528 worried at the time of the coal strike as to how he should get coal to supply his customers. At this time he had deficient kidney elimination and difficulty in urination, relieved by electrical treatment of his strictures. A year ago he had an attack of numbness of his hands and feet, and for fifteen minutes was unable to speak. Such attacks recurred at intervals of a few weeks; the next severe one being six months later. In May, 1904, he was found in a stuporous condition in his barn, and since then has grown rapidly worse. His stomach became disordered, yet he ate excessively; the numbness of his hands and feet increased; he walked on the street with his clothing unbuttoned, and even desired to go without his trousers; he talked almost constantly, running on like a drunken man from topic to topic, and his articulation failed rapidly until little that he said could be understood. During the last year that he was at home he did not feel well; consulted his physicians a number of times, but was irirtable and would not obey their directions.

In case No. 6320, a change was noticed three years before admission. He was irritable and threatening towards his wife and son; angry even if it rained against his will. He complained of loss of memory, lack of strength to work, of headaches, and said that his head was not right; talked of burning his own house and of killing his family. He was worse in the sun. He worked irregularly, would not see visitors, even his own parents, and three months before admission began to have short spells of "awful pain in his head," when he could not talk and thought that he was about to die. About this time he began to brag of his skill at his trade, though he had now ceased work altogether, but it was only several weeks after his admission that he began to have an exaggerated sense of well being, and at no time has he had marked expansive delusions.

Case 6504 was a telegrapher in charge of all the operators on a railroad division. He had always been a cheerful, jovial man when well. The first thing unusual noticed was an attack at night a year before admission, when his friends say "he was violent and did not know anyone." At intervals since he has had similar attacks, and a number of times he has been transiently depressed and threatened to shoot himself. At home he lost his temper on slight provocation, began to talk to himself, slept poorly, and said that he would go crazy. He had little to do with his old friends, and at casual meetings would scarcely greet them civilly. For a year he grew more and more careless about his work, and six weeks before admission he was relieved of his position and placed in charge of a railroad station. Here he remained two weeks; lost a bundle of tickets, tangled the accounts of the office, and when an auditor was sent, could tell him nothing of the office affairs, but went to sleep during the examination of his books.

One case had locomotor ataxia for years, and his paresis was not suspected until he had a convulsion. Another robust looking man of 42 began with what was called a slight stroke. Up to a few days before he had been actively engaged in his work. A farm laborer became dull and stupid, slept when he should have been at work, and pulled up vegetables instead of weeds. A small merchant became forgetful, ordered things again that were already ordered, forgot to get necessary stock, did not enter charges on his books, and failed in business. It seemed to worry him considerably at the time, but he soon forgot about it.

An example of more rapid onset is case No. 6511: Three weeks before admission he visited some friends, who now say they thought that he was nervous. He, however, insisted that he was in first class condition. Five days later he had what was thought to be a sunstroke while working on a roof. It was only six days before admission that pronounced mental symptoms were noticed, yet when he came to the hospital he talked continually, boasted of his wonderful wealth and power, and was unable to sit or stand still because of intense internal

restlessness. In the course of a few minutes' conversation he tells that he is president of the United States, and does not know the limit of his wealth. His money fills 535 and a half safes, of which 125 are four feet by six, and the others ten feet by five. He is going to New York, take up a lot of bodies that were drowned on the Slocum, make them alive, take their photographs, and send them home. He will plumb some cottage with gold plate pipes. He guesses he has "Oh, about fifteen hundred greenhouses and a summer home in New Windsor, and one on the park, and one at Orange Lake and Walden, San Francisco and Atlantic City, and six in Alaska, and a lot on the beach." They pay twenty-five, no fifty, dollars a month rent for five years; after that one hundred dollars a month. He has nine automobiles and twenty-five horses, but brother Charlie broke the axles and poisoned all the horses but one. Then Charlie killed Sadie and Mattie, then went up home and killed Hattie and the old woman. He took vengeance on Charles; then tells of his black suit with a gold stripe, a row of diamonds down each side and in the center, diamonds on the shoulders, and four rows around the arms. He has been sent to be head admiral of the United States navy, and has seven wives, but three hearing that he is dead have gone home. Dr. H. changed his head while he was asleep, and he now has a new one bedecked with jewels.

It is this group of remarkably expansive delusions that first attracted the attention of alienists to paresis as a separate disease, but these symptoms are not to be found in all cases, as some seem to think. The characteristic feature on more careful examination is not so much the ideas of wealth and self-importance as the lack of judgment which permits the patient to develop them, and allows him to fail to recognize the grossest discrepancies or the most absolute contradictions. Errors of judgment are an early and very constant mental symptom, and in paresis they are made deliberately rather than as a result of excitement, passion, or fear.

Excitement with active delusions, such as narrated above, do not continue during the whole course of the disease. Sooner or later, as a rule, within a few weeks or months, the patient sinks into a lethargic condition in which he gains weight, feels well, and may regain more or less completely his ability to work. Cases with remarkably prolonged remissions are reported, though the question of correctness of diagnosis must then arise. But one such instance has appeared in the Middletown State Hospital, a man in whom several prominent alienists diagnosed paresis in 18[illegible], and who is now, and for five years past, has been in the Manhattan State Hospital. Even now the diagnosis is uncertain. He was a saloon keeper of intemperate habits, and it is thought probable by some of his physicians that he suffers from chronic alcoholic deterioration.

Most cases during their remission show very marked weakness of mind, a partial failure to appreciate their sourrondings, emotional dullness and carelessness regarding the interests of themselves and of those dependent upon them.

Reference has already been made to cases without expansive delusions, who never show symptoms other than apathy, loss of memory and greatly impaired judgment. Others are depressed and fearful during a part or the whole of the disease. Expansive, demented and depressed types may be described, and the same case often shows all these phases at different periods of the disorder.

General paresis is a degeneration of the brain and spinal cord, which expresses itself in both bodily and mental decline. The mental symptoms, extreme sense of well being, extravagant delusions, failure of judgment, memory, etc., may occur in other insanities, and before making a diagnosis of paresis the accompanying physical signs must be found. The degeneration begins in the spinal cord, or more often in the brain, involves the frontal and parietal lobes more than other parts of the cerebro-spinal axis, and according to the extent and character of the lesion, the physical signs vary. They the chiefly as follows:

(1) Pupillary changes. The pupils are often unequal, their margins irregular, they are contracted more often than of normal size or dilated. Light reaction is sluggish or absent with rare exceptions, and reaction to accommodation is usually preserved These are much the same pupillary changes as in locomotor ataxia.

(2) The reflexes. In the majority of cases the deep reflexes are more or less exaggerated. Often this increase is very great. In about ten per cent. they are absent, and in a few diminished or normal. Superficial reflexes are very variable.

(3) The muscular system. There is a marked and progressive failure of gross strength and of the ability to perform finely co-ordinate movements, as writing or whistling a tune. The letters are poorly formed in writing, and with the progress of mental defect, letters and syllables are omitted until at last the patient cannot write at all. A fibrillary tremor develops, especially of the tongue and the muscles about the mouth and eyes. The muscles of expression lose their tone and give the face a stupid, mask-like appearance.

(4) Speech defect. Patients experience difficulty in the pronunciation of long words, especially those with the sounds of "l" or "r," as "electricity," "third riding artillery brigade" and "truly rural." They also come to stutter, and in late stages cannot enunciate at all. It is during efforts to speak that the tremor mentioned above can often be easiest seen.

(5) Dulling of the senses. With the progress of paresis the cutaneous sensibility becomes lowered, and, as a rule, in advanced cases, if the attention is distracted, a pin may be thrust in the skin of almost any part of the body without provoking reaction. In many cases areas of anæsthesia can be demonstrated in addition. Some degree of atrophy of the optic nerve is common, and even in cases without noticeable atrophy or impairment of central vision in a number of instances decided narrowing of the visual field was found. In one case in the present series a defect of hearing without apparent fault in the external auditory mechanism was noted.

Defects in taste and smell are often overlooked in this connection. At Middletown tests to determine them have been made in the last eighteen paretics

admitted. These tests were made at the time of admission. Solutions of sugar, salt, tartaric acid and quinine, strong enough to give clearly the respective elemental tastes of sweet, salt, sour and bitter, being used.

In seven of the above eighteen taste was abolished. Ten retained the ability to taste sweet. Only one patient, and she in the early stage of the disease, recognized all the test solutions. The other nine identified them incompletely.

Smell, as tested by wintergreen, lemon, cloves and peppermint, was probably lost in twelve cases, though in four co-operation was too poor to be absolutely certain of the result. One patient named all with a little help. One named them with the left nostril only. One could differentiate but not name the odors, and in a fourth case, the one whose taste was preserved, the odors were probably recognized, but some mistakes were made in naming them. One recognized peppermint and cloves, and one wintergreen only.

It would seem then that defect of these senses is approximately as constant as the pupillary changes

(6) Attacks. Sometimes these are slight apoplectic seizures or inter-cranial serous effusions passing away in a few days, as a rule. There may be febrile or "congestive" attacks, periods of nervous excitement when the patient cannot talk, or convulsions often occur. Their detailed symptomatology is to be found in any work on mental or nervous diseases. Here nothing more need be said than that paretic convulsions are, to a considerable extent, at least, due to fæcal accumulations.

When these physical disturbances begin it is difficult to say. They are nearly always well marked on the admission of the patient to an institution for the insane, and they are probably among the earliest symptoms.

If the above physical and mental signs are not sufficiently clear to make the diagnosis (and doubt will arise in various alcoholic and organic conditions), an examination of the cerebro-spinal fluid may be made. It is secured by aseptically tapping the spinal dura with an aspirating needle one mm. in diameter and about four inches in length. The needle is inserted through the inter-vertebral space next below the crests of the ilia, a quarter or half inch to one side of the middle line, and carefully thrust forward until the fluid appears or the body of the vertebra is felt in front of the needle. Normally, this fluid contains few or no lymphocytes, but an increase is found in general paresis, cerebral syphilis and in meningitis. More than twenty in one hundred squares of the Thoma hemocytometer is considered by Dr. Adolf Meyer, of the New York State Pathological Institute, as diagnostic, and more than twelve as significant and calling for a new count. This increase is not found in alcoholics who have not had syphilis, and its diagnostic value is enhanced as the greatest increase is found in the earlier stages. An increase in the cellular elements of the cerebro-spinal fluid is also found in syphilis of the central nervous system and in meningitis.

The limits of this article will not permit a fuller consideration of the symptomatology of the developed disease of a consideration of the hystological pathology.

The Prognosis.—General paralytics fail progressively and die. Some are delirious and succumb in a few weeks from physical exhaustion. Many survive the stage of restlessness, and many never present it at all. Such individuals, unless carried off by some intercurrent disease, become weaker and flabbier, often, however, with very characteristic remissions in which there is marked improvement, but such remissions should not raise false hopes of recovery. Finally, the bodily weakness progresses till the patients cannot walk, talk or feed themselves, and till they can swallow only liquid food. Bed sores once considered a necessary evil in paresis, because of the trophic changes in the tissues, are now rarely seen except at the termination of this final stage.

It is not thought that any case of paresis in which the diagnosis was correctly made has permanently recovered, though remissions may for a few months, or even years, appear as such. Then friends are always anxious to know how long the patient may be expected to live. No case in the Middletown State Homœopathic Hospital has lived more than nine and one-half years, unless the doubtful case already cited be accepted. At the present writing only three cases admitted before 1900 are alive. A table analyzing the 208 cases admitted before 1900 who have died in the hospital or who yet remain under its care is appended. It shows the total average duration of these cases to have been almost three years; the average duration before admission, approximately one year, and the average length of life after admission almost two years. It is divided into five-year periods. Those admitted during the period who died subsequently in the hospital only are considered. There are no data upon which to consider cases removed by their friends.

	Number of Cases.	Duration Before Admission in Months.	Duration After Admission in Months.	Total Duration in Months.
May 7, 1874 to Dec. 31, 1879	23	10.43	5.39	15.82
Jan. 1, 1880 to Dec. 31, 1884	27	14.26	18.33	32.59
Jan. 1, 1885 to Dec. 31, 1889	35	13.88	30.66	44.54
Jan. 1, 1890 to Dec. 31, 1894	75	11.65	28.41	40.06
Jan. 1, 1895 to Dec. 31, 1899	48	13.66	20.69	34.37
May 7, 1874 to Dec. 31, 1899	208	12.60	23.11	35.71

Societies.

PENNSYLVANIA HOMŒOPATHIC STATE SOCIETY.

The fortieth annual session of the Homœopathic Medical Society of Pennsylvania was held at Easton on September 20th, 21st and 22d, under the auspices of the Lehigh Valley Homœopathic Society, who were hosts of the occasion, and did their part well. The president in the chair was Dr. D. C. Kline, of Reading. In his presidential address, which was a most able one, he said, and we quote this part, for we believe in it:

"What degree of success has come to Homœopathy in the past has been largely due to the great

efforts of a comparatively few. The standing of the profession in most communities is very largely due to a small proportion of the physicians resident there, and others simply hang on. Our colleges and hospitals have been built up and advanced by a handful of men; our Homœopathic State Hospital for the Insane of Pennsylvania, which is now being erected near here and marks the greatest advance Homœopathy has ever had in this State, is only visible because of the great efforts and enthusiasm of a few men. Whereas, the truth is that it could have been accomplished twenty years ago if the profession had united properly and worked enthusiastically for it.

"The men in the medical profession, as elsewhere, who live useful lives and are known and remembered by their deeds, are those who work for the common good of all, who endeavored to uplift the profession, are broad in their ideas, who live and let live. This we owe to others and those who come after us."

There was a fine program arranged, and most of the papers thereon were read and discussed. There was the usual tilt between the physicians and the surgeons, which added the usual zest to the meeting; it is not stated who came out ahead, nor whether the question was definitely settled.

The attendance was fair, but not what it should have been in a State having as many homœopathic physicians as has Pennsylvania. There is, as the president says, a necessity for united effort everywhere in our ranks.

The officers elected for the ensuing year are:

President, Dr. W. A. Seibert, Easton; First Vice-President, Dr. C. P. Seip, Pittsburg; Second Vice-President, Dr. W. G. Dietz, Hazelton; Recording Secretary, Dr. G. R. Moreland, Pittsburg; Corresponding Secretary, Dr. E. M. Gramm, Philadelphia; Treasurer, Dr. Ella D. Goff, Allegheny; Necrologist, Dr. Chandler Weaver, Philadelphia; Censors, Dr. Anna C. Clarke, Scranton; Dr. G. W. Smith, Philadelphia, and Dr. H. F. Schantz, Reading. The Board of Trustees is composed of Dr. D. C. Kline, Reading; Dr. H. B. Ware, Scranton; Dr. I. B. Gilbert, Dr. O. S. Haines, Dr. Clarence Bartlett, and Dr. W. H. Keim, Philadelphia; Dr. D. P. Maddux, Chester; Dr. J. A. Bullard, Wilkesbarre.

Altoona was chosen as the place of the next meeting.

Two hundred and fifty dollars were appropriated to the American Institute of Homœopathy for the new institute of drug proving.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

The thirty-eight semi-annual meeting of the Homœopathic Medical Society of the State of New York had the largest attendance of any session in its history, there being four hundred and thirteen in attendance. The papers showed unusual care in their preparation, and proved to be of more than usual interest. The Bureau of Materia Medica, headed by Dr. E. B. Nash, presented six papers, of which five were actually read. Every paper brought out a round of discussion that was inspiring to listen to. Had there not been other bureaux to hear from, the entire day would have been occupied by this bureau. The following thirty-seven new members were added to the roll:

Dr. Coburn Badgley, Fayetteville, N. Y.
Dr. Clinton L. Bagg, New York City.
Dr. Merritt I. Beers, Middletown, N. Y.
Dr. Arthur Besemer, Dundee, N. Y.
Dr. H. B. Besemer, New York City.
Dr. W. G. Birdsall, Clintondale, N. Y.
Dr. Bert B. Clark, New York City.
Dr. Howard L. Cole, Tarrytown, N. Y.
Dr. Wilber G. Fish, Ludlowville, N. Y.
Dr. Ellsworth Gamble, Waverly, N. Y.
Dr. J. W. Hassler, New York City.
Dr. Horace M. Hicks, Amsterdam, N. Y.
Dr. Annie S. Higbie, New York City.
Dr. George Parker Holden, Yonkers, N. Y.
Dr. Montague R. Leverson, Brooklyn, N. Y.
Dr. M. Clifford Pardee, Brooklyn, N. Y.
Dr. P. W. Shedd, New York City.
Dr. Frederick Cushman Watson, Camden, N. J.
Dr. A. Bornmann, Brooklyn, N. Y.
Dr. L. L. Button, Rochester, N. Y.
Dr. Lawrence P. Conley, Clifton Springs, N. Y.
Dr. Floyd S. Farnsworth, Plattsburg, N. Y.
Dr. Frederick Kellogg Hollister, New York City.
Dr. James Herbert Irish, Syracuse, N. Y.
Dr. Daniel B. Jewett, Rochester, N. Y.
Dr. Robert Mortimer Jones, New York City.
Dr. Frederick H. Lutze, Brooklyn, N. Y.
Dr. James D. Miller, New York City.
Dr. Roy E. Mitchell, Middletown, N. Y.
Dr. Samuel B. Moore, New York City.
Dr. Edwin J. Pettet, New York City.
Dr. Arthur H. Richardson, New York City.
Dr. Frederick C. Robbins, Gowanda, N. Y.
Dr. Lizzie B. Roder, New York City.
Dr. Parry Dorland Saylor, New York City.
Dr. Robert M. Schley, Gowanda, N. Y.
Dr. Amelia D. F. Von der Luhe, Brooklyn, N. Y.

Dr. Bukk G. Carleton, the President, was indefatigable in his zeal to make this meeting a record breaker, and he did it. The Homœopathic Medical Society of the county of New York showed a hospitality in entertaining the members that could not be excelled. The Flower Hospital staff and superintendent placed all their available surgical cases at the disposition of the visiting surgeons for the purpose of giving clinical demonstrations to the Society.

Dr. W. L. Hartman, of Syracuse, did a craniectomy for gunshot wound. Dr. J. M. Lee, of Rochester, did a curettage and perineorrhaphy. Dr. DeWitt G. Wilcox, of Buffalo, did a laparotomy for removal of diseased tubes, ovaries and uterus. Dr. Newton M. Collins, of Rochester, did a wiring of the tibia for ununited fracture. The clinics were given in place of papers upon surgical topics, and their success was amply demonstrated by the large attendance and the expressions of satisfaction.

Dr. Wm. Harvey King, of New York City, gave a paper of unusual interest on "X-ray Therapy and Finsen Light." Dr. F. M. Dearborn, of New York City, conducted a dermatological clinic, when he demonstrated that the mantle of his illustrious father has surely fallen upon the shoulders of his son.

Reports were heard from the Committee on Increasing Membership, Medical Legislation, Local and Press. By resolution and unanimous vote, the Society decided to honor itself my tendering a banquet to the Hon. Dr. W. H. Watson, of Utica, whose labors in behalf of Homœopathy have done more to raise the standard of homœopathic medical education, and at the same time secure the rights of homœopathic physicians in this State, than any other one man since the late Dr. Horace M. Paine.

The entertainment given by the County Society of New York to the visiting physicians and their friends at Delmonico's was a brilliant affair and thoroughly enjoyed. The visiting ladies are under obligations to the New York ladies for the auto ride, "Seeing New York," which proved an ideal way of entertaining.

The program, as printed, was carried out.

THE ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The Rock River Institute of Homœopathy met in its annual session at Clinton, Iowa, on October 6th, holding an afternoon and evening session. Dr. D. M. Finley, of Clinton, in the chair. The program, which was a most interesting one, was fully carried out. Besides a historical review of the Institute by Dr. A. W. Blunt, of Clinton, and a few papers an general medical topics, time was given to a discussion of three subjects. First, "What reply should we make to the invitation to become members of old school societies?" Second, "What steps, if any, should be taken to offset the present tendency of our homœopathic students attending allopathic colleges" The third topic related to the keeping of records for prescriptions.

Dr. J. N. Downs, of Ottawa, gave a fine talk on State organization, and we hope the doctor will put it in shape for publication in our pages. There is a good opportunity at the present time for all of our societies to discuss these timely topics.

The following were elected officers for the following year: President, S. S. Kehr, M. D., Sterling, Ill.; Vice-President, L. H. Malony, M. D., Savanna, Ill.; Secretary and Treasurer, A. W. Blunt, M. D., Clinton, Iowa. Place of next meting, Dixon, Ill.; time, January 5, 1905. There is no society in the West that is doing better work for Homœopathy than the Rock River Institute.

MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

The annual meeting of the Missouri Valley Homœopathic Medical Association was held in Kansas City, October 5th and 6th, with the President, Dr. A. P. Hanchett, in the chair.

The well-filled program, containing the names of some of the Missouri Valley's most noted Homœopaths, was carried out without a hitch of any kind. Dr. Hanchett proved the wisdom of the Association in its having selected him for its presiding officer for the Kansas City meeting. The local arrangements were in the hands of Dr. M. T. Runnels.

The Association headquarters were at the Midland Hotel.

At noon on both days of the meeting the entire membership dined at the First Presbyterian church, and none there was who could not attest the excellency of this place. The first day was given over to clinical medicine and surgery. The papers under these bureaux were freely discussed, as were, indeed, all of the papers in the meeting.

Dr. Benj. F. Bailey, who made Lincoln, Nebraska, famous, presided over clinical medicine, and incidentally read a characteristically clever paper on "What Constitutes Scientific Clinical Medicine."

Dr. E. Arthur Carr, of Lincoln, Neb., had the bureau of surgery in charge, and the essayists, including W. D. Foster, D. A. Foote, of Omaha, and others, presented timely papers upon this vital branch of the science.

Gynæcology, with Dr. Kate Hickox, of St. Joseph, for chairman, was taken up the evening of the first day, but there was time for but one paper before adjournment, that on "The Systemic Remedy in Diseases of Women," which elicited copious discussion. The second day was taken up in the consideration of Pædology and Materia Medica.

Dr. Lewis P. Crutcher presided over pædology, and Dr. Geo. Royal over Materia Medica.

Dr. Bailey again delighted the Society under the pædology section with a paper on "Belladonna in Babydom."

Dr. Royal then opened Materia Medica, and in a talk on the reproving of the remedies as contemplated by the Institute for materia medica research of the American Institute, and upon the teaching and study of Materia Medica, started a discussion that without question proved the most interesting and helpful of the entire meeting. It may be said that this discussion affirmed two points, first, that Dr. Royal knew exactly what he was talking about and second, that the Missouri Valley Association stands for the best that is in Homœopathy.

Following directly upon this discussion came a resolution condemning most emphatically the manufacture and sale of "combination tablet triturates" by the several pharmacies.

This resolution met with unanimous adoption after brief discussion. This closed the work of the Association, and it was adjourned for one year, to meet in Omaha.

The officers elected are: President, Dr. Freda M. Lankton, Omaha; First Vice-President, Dr. Lewis P. Crutcher (re-elected), Kansas City, Mo.; Second Vice-President, Dr. Kate L. Hickox, St. Joseph, Mo.; Secretary and Treasurer, Dr. Erle B. Woodward, Lincoln, Neb.

The meeting was well attended, better, in fact, than for several years, and there is now no doubt as to the future of this Society.

THE SOUTHERN CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY.

The fourteenth annual meeting of the Southern California Homœopathic Medical Society convened in the parlor of the Westminster Hotel at 10 o'clock yesterday morning, October 12, 1904. About sixty delegates, representing all sections of Southern California, were present. Both morning and afternoon sessions were held, and nearly all the delegates formed a theatre party at the Casino in the evening.

The officers elected to serve for the coming year are: Dr. M. W. Hill, of Redlands, President; Dr. W. E. Waddell, of Los Angeles, First Vice-President; Dr. Hannah Romaine, of Los Angeles, Second Vice-President, and F. S. Barnard, of Los Angeles, Secretary.

Following is the new Board of Directors: Dr. W. H. Stiles, San Bernardino; Dr. Eliza Beach, Pasadena; Dr. H. L. Stanbach, Santa Barbara; R. A. Campbell, Los Angeles, and C. L. Rich, Fullerton. The entire Board of Censors that has served for the past year was re-elected.

Board of Censors.

Dr. C. B. Dickson, Los Angeles; Dr. W. J. Hawkes, Los Angeles; Dr. E. C. Manning, Los Angeles; Dr. S. S. Salisbury, Los Angeles; Dr. H. M. Bishop, Los Angeles.

Dr. E. C. Buell, the retiring president, in his usual terse, forceful manner, delivered a most excellent address upon "The Signs of the Times," which was pregnant with practical and elevating thoughts. He was optimistic, regarding the future power of the State Board of Examiners as regards charlatanism, and looked forward to a sort of censorship over State medical schools. He touched up on the great modifying power Hahnemann exercised over the heroic dosage of his day, closing with the following remarks:

"If the exercise of our art is to be followed along an exalted plane, then how apparent becomes the necessity for the most thorough training in preparation.

"It is commercialism and charlatanism on the one hand; it is preservation of life on the other hand.

"The signs of the times indicate the passing of the former, and through a united profession the ultimate triumph of the latter."

The following bureaux completed the day's work:

Materia Medica.

Dr. W. J. Hawkes, Chairman, Los Angeles.

Dr. J. S. Hunt, Santa Monica, "Berberis vulgaris."

Dr. E. T. Balch, Santa Barbara, "The Single Remedy."

Dr. W. J. Hawkes, Los Angeles, "Homœopathic Materia Medica and Therapeutics—the Hope of the Sick."

Obstetrics and Paediatrics.

Dr. W. H. Stiles, Chairman, San Bernardino.

Dr. M. W. Hill, Redlands, "Abortion."

Dr. Willella Howe-Waffle, Santa-Ana. (a) "Anæmia of Nerves of Co-ordination—a Case;" (b) "Ptomaine Poisoning—Multiple Cerebral Hæmorrhage—a case."

Dr. Gilbert R. Owen, San Bernardino, "Anæmia Infantum—Pseudoleukæmia, a Possible Case."

Dr. W. H. Stiles, San Bernardino, "Case of Hydatid of the Liver Complicating Labor."

The second day opened with a larger attendance, and great interest was manifest throughout.

The Society was in receipt of a most earnest communication from the W. C. T. U., regarding the dispensing of liquor in the city and county hospitals. This was referred to the Legislative Committee.

The morning session was opened by discussions under the head of "Climatology and Hygiene," Dr. J. S. Hunt, of Santa Monica, Chairman. This included a paper by Dr. Burleigh Parkhurst on "Dirt," which aroused much interesting comment.

Under the bureau of "Clinical Medicine," Dr. M. H. Chamberlin, of Monrovia, Chairman, the following papers were given: "Tesla's Currents and X-rays in Tuberculosis," Dr. O. S. Barnum, of Los Angeles; "Pneumonia," Dr. R. B. Johnson, of Riverside; "A Case of Meningitis, From Practice," Dr. L. H. Case, of Santa Monica; "Discussion," Dr. M. H. Chamberlin, of Monrovia.

Under "Mental and Nervous Diseases," Dr. E. N. Chaney, of Pasadena, Chairman, the following subjects were presented: "Nosodes in the Treatment of Nervous Diseases," Dr. E. L. Colburn, of Los Angeles; "Orificial Adhesions as a Cause for Nervous Diseases," Dr. Eliza J. Beach, of Pasadena; "Dynamics Which Influence Nerve Tissue," Dr. E. N. Chaney, of Pasadena.

The afternoon session was opened by the bureau of "Ophthalmology, Otology and Laryngology," Dr. J. B. Kellogg, of Los Angeles, Chairman, with the following papers: "Otosclerosis," Dr. W. E. Waddell, of Los Angeles; "The Nose as a Factor in General Diseases," Dr. F. J. Newberry, of Los Angeles; "Some Diagnosis Points in the More Common Diseases of the Eye," Dr. Harlan T. Kerr, of Los Angeles.

Under "Gynæcology," Dr. C. L. Rich, of Fullerton, Chairman, discussion was conducted as follows: "Dysmenorrhœa," Dr. Willella Howe-Waffle, of Santa Ana; "Retrodisplacements," Dr. Joseph H. Kirkpatrick, of Los Angeles; "Coincident Inflammation of the Ovary and Appendix," Dr. F. S. Barnard, of Los Angeles; "Discussion," Dr. C. L. Rich, of Fullerton.

"Surgery," Dr. Burleigh Parkhurst, of Los Angeles, Chairman, was handled as follows: "Reports of Unusual Case of Appendicitis," Dr. C. B. Dickson, of Los Angeles; "Experiences in Anæsthetics," Dr. T. C. Low, of Los Angeles; "Diseases of the Female Urethra," Dr. Burleigh Parkhurst.

In addition to the new members elected Wednesday, Drs. Washington and Bozarth, of Los Angeles, and Dr. Williamson, the new superintendent of the Highland Insane Asylum, were elected to membership.

A resolution was passed favoring the drafting of a Federal pure food law. A resolution of thanks to the president was passed.

BOOK REVIEWS.

Diseases of Metabolism and Nutrition.

By Prof. Carl Van Noorden. E. B. Treat & Co., New York.

The fifth of this little series treats of Saline Therapy and the influence of Salt on the economy and its application medicinally. It will form a valuable companion volume to Burnett's Natrum muriaticum Who would have thought, twenty years ago, that the old school would write a volume on this remedy?

Serums and Toxines.

By Wm. Cecil Bosanquet, London. W. T. Keener & Co., Chicago, Ill., 1904. Price, $2.

A useful up-to-date work on this subject which is now foremost on the medical tapis. The subject of immunity is presented in a short, concise and easily comprehended way, and the means of combating the various infective diseases by means of serums is fully gone into. It should be in the hands of every progressive physician who desires to know what is doing in the medical field even if the harvest be not propitious. As Homoeopaths we know we can do better, but we need to know what others are doing.

Handbook of Surgical Operations.

By Sir Frederick Treves, London. W. T. Keener & Co., Chicago, Ill., 1904. Price, $2.50.

This little work by the most eminent English surgeon will be welcome to our American medical libraries, and especially this edition, which has been thoroughly revised by the author and Dr. Jonathan Hutchinson. It is a very useful handbook for students, especially to assist them in carrying out operations either on the dead or living body; it concerns itself only with the most commonly performed operations. It is really a most useful handbook and is gotten up in an excellent style.

A Text-Book of Human Histology.

Including Microscopic Technic. By Drs. A. A. Bohn and M. Von Davidoff, of Munich, and G. Carl Huber, M. D., Professor of Histology and Embryology in the University of Michigan, Ann Arbor. Second edition, thoroughly revised and enlarged. Handsome octavo of 525 pages, with 376 original illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Flexible cloth, $3.50, net.

This work of Drs. Bohn and Davidoff is well-known in the German edition, and is considered one of the most practically useful books on the subject ever written. Dr. Huber in editing the American edition has added much useful matter, the practical results of his own extensive experience histological endeavor. This new second edition has been in large part reset, all the newest methods of technic being incorporated. For convenience in the laboratory it has been bound in flexible cloth.

Medical Diagnosis.

By Wilhelm von Leube, Wuertzburg. Edited by Julius L. Salinger, M. D., Philadelphia, New York and London. D. Appleton & Company, 1904.

This is a translation from the sixth German edition of Professor Leube's work on diagnosis. The author is one of the clearest of diagnosticians that are to be found in Germany, and his work is written in the same clear manner in which he teaches. His presentation of the most difficult problems in internal medicine in a clear and concise manner will commend the volume to our readers. It is an up-to-date work, and one that should have a wide reading.

Physiological Feeding of Infants.

By Eric Pritchard, M. D. London. Second edtion enlarged and rewritten. Chicago: W. T. Keener & Co., 1904.

This work deals with a method of percentage feeding of infants, or, in other words, a scientific method founded on the individual needs of the case. This individualizing in feeding should appeal to the practitioners of our school as one of our tenets in the treatment of disease is individualization always. It is a book that will repay careful study.

International Clinics.

Fourteenth series, Vols. 1 and 2. J. B. Lippincott Company, 1904.

These volumes of this valuable quarterly contain unusually valuable articles by an unusually capable corps of contributors on various topics, notably the progress of medicine; and in volume two is found a series of articles on Diseases of Warm Climates, which are well worth careful perusal. An interesting article on the Limitations of the Utility of Digitatis in Heart Disease is also to be found in this volume. We commend these books always to our readers.

Refraction and How to Refract.

By James Thorington, M. D. Third edition. Philadelphia, Pa., P. Blakiston's Son & Co., 1904.

Professor Thorington, of the Philadelphia Polyclinic, has given us a small work, which, for beginners in ophthalmology, makes the subject of refraction easy. It is not a new book, for the present volume is the third edition, but the rapid sale of the preceding editions makes it a recent publication. In this edition the value is enhanced by the author's careful revision, by the addition of many illustrations, and by the description of many new instruments in estimating refractive errors.

Examination of the Urine.

By G. A. de Santos Saxe, M. D., Pathologist to the Columbus Hospital, New York City. 12mo volume of 391 pages, fully illustrated, including 8 colored plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Flexible leather, $1.50, net.

Dr. Saxe has presented a work on examination of the urine unusually complete, absolutely up to date, concise, yet explicit in all its parts; and it will be found to meet fully the requirements of the student and practitioner without burdening him with unnecessary analytic procedures. Special attention has been paid to the interpretation of findings as applied to clinical diagnosis, and the student is told what each chemical element and each microscopic structure means when found in the urine. The character of the urine in various diseases is also described in detail. Descriptions of technic have been made

very explicit, and the author has inserted some new methods of working developed in his own experience. Cryoscopy and other means of functional diagnosis have been given their proper places. The text is fully illustrated, including eight colored plates of the various urinary crystals. The work will be useful because it is practical.

Essentials of Chemistry, Organic and Inorganic.

Containing also questions on Medical Physics, Chemical Philosophy, Medical Processes, Toxicology, etc. By Lawrence Wolff, M. D., formerly Demonstrator of Chemistry at the Jefferson Medical College, Philadelphia. Sixth edition, thoroughly revised. By a Ferree Witmer, Ph. G., formerly Assistant Demonstrator in Physiology at the University of Pennsylvania. 12mo volume of 225 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00, net.

We need but mention the fact that this little work has reached its sixth edition to prove beyond question its practical usefulness. The recent important discoveries in physics and inorganic chemistry have rendered it necessary, in Dr. Witmer's revision, to make extensive additions almost to every part of the work. The subject of organic chemistry, especially organotherapy and the substituted ammonias, has also been carefully revised and much new matter added. We find the book unusually excellent.

A Text-Book of Diseases of Women.

By Charles B. Penrose, M. D., Ph. D., formerly Professor of Gynæcology in the University of Pennsylvania. Fifth edition, thoroughly revised. Octavo volume of 539 pages, with 221 fine original illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.75, net.

With astonishing regularity a new edition of this excellent text-book is called for, and it appears to be in as great favor with physicians as with students. Indeed, this book has taken its place as the ideal work for the general practitioner. The author presents the best teaching of modern gynæcology, untrammeled by antiquated ideas and methods. In most instances only one plan of treatment is described.

The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. In its revised form this volume continues to be an admirable exposition of modern gynæcology.

Diseases of the Stomach and Intestines.

By Boardman Reed, M. D., Philadelphia. E. B. Treat & Co., New York, 1904.

The need of a modern treatise, covering this general subject, is evident by reason of the limited literature specially devoted thereto, and the increasing demand for such. This octavo volume of 1,024 pages embraces a full account of the simplest and least disturbing methods of determining the character of the motor secretory an dexcretory work of the principal organs having a part in the processes of digestion and metabolism, by examinations of the stomach contents, fæces, blood, urine, etc., together with a full exposition of the subject of diet and the therapeutics of the digestive disorders in general, including indications for the various forms of electricity, x-rays, massage, vibratory stimulation, hydrotherapy, gymnastics, liquid medication, medical and surgical treatment, etc., in addition to "the gastro-intestinal clinic" in which the diagnosis and treatment of all the known diseases of the tract are separately considered. Dr. Reed's book is better adapted to the needs of the general practitioner than any similar work old or new. The importance of rightly understanding the newer methods in the diagnosis and treatment of gastro-intestinal diseases is self-evident. Dr. Reed and his publishers have made it possible to get all this in a single, not too bulky, volume, and at a less price than must be paid for other works covering the same diseases in separate volumes. Their combination in this one volume gives it a decided advantage over other works, cyclopædias and system, that attempt to cover these and kindred subjects in two, three or more volumes.

Simon's Physiological Chemistry.

A Text-Book of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M. D., late Resident Physician, Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (2d) edition. Revised and enlarged. Octavo, 500 pages. Cloth, $3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Simon has here treated physiological chemistry in a manner, adapting his work to the wants of the medical student, and of the physician who has previously been unable to devote to the subject the attention which it merits. It deals with foods, their origin, classes and decomposition products, their digestion, resorption and excretion, the chemistry of the tissues and organs of the body, the substances resulting from their activity and their relation to physiological function. The early call for a new edition has enabled the author to include the results of the very active research in this field to date. The chapters on the Albumins, Nitrogenous Katabolism and Gastric and Tryptic Digestion have been rewritten. To render the work still more useful both to students and teachers, laboratory exercises have been added. The methods have been described in such detail that the student should find no difficulty in performing the experiments.

Lea's Series of Medical Epitomes.

Nagel's Epitome of Nervous and Mental Diseases.

A Manual for Students and Physicians. By Joseph Darwin Nagel, M. D., Consulting Physician to the French Hospital, New York. In one 12mo volume of 276 pages, with 46 illustrations. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

In this age of rapid progress and evolution of new theories and sciences the student of medicine, who in four years is supposed to master the intricate and varied details of his chosen profession, and the busy practitioner, who must still spend a good part of his time in research and study to keep abreast with the rapid strides of advance, both feel the daily need of a text-book which will give them the essence of the subject which they are pursuing. It is with this idea that the author has undertaken to gather the

various facts and data contained in the numerous text-books and pamphlets on the diseases of the mind and nervous system, and to weave them into a compact fabric, easily studied by those who are in search of precise information.

There is not a single author or lecturer of high standing whose teachings have not been incorporated in a condensed form into the pages of this volume.

Illustrations are used throughout the volume wherever the understanding can be better helped by the combination of text and pictures, and the price of the volume ($1.00), based upon the certainty of a very wide usage, is low enough for every student's purse.

The Vegetable Alkaloids.

By Dr. Ame Pictet, University of Geneva, translated and enlarged by H. C. Biddle, Ph. D., University of California. 8vo., 505 pages. John Wiley & Sons, New York.

This is a very interesting book on the vegetable alkaloids, and the practitioner, as well as the chemists, will find here the organic bases which are formed in the organism of the plant. While the work gives more attention to the chemical behavior of the alkaloids, it will be found to be of great interest to the medical profession.

A Text-Book of Clinical Diagnosis.

By Laboratory Methods. For the use of Students, Practitioners and Laboratory Workers. By L. Napoleon Boston, A. M., M. D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadelphia; formerly Bacteriologist at the Philadelphia Hospital and at the Ayer Clinical Laboratory of the Pennsylvania Hospital. Octavo volume of 547 pages, with 320 illustrations, many of them in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4.00, net; sheep or half morocco, $5.00, net.

Dr. Boston here presents a practical manual of those clinical laboratory methods which furnish a guide to correct diagnosis, giving only such methods, however, that can be carried out by the busy practitioner in his office as well as by the student in the laboratory. He has given special attention to outlining in progressive steps the various procedures in clinical technic, such steps being illustrated whenever possible. All the more recent methods for the examination and staining of blood are described and illustrated by original drawings, and the subject of serum-diagnosis is very carefully considered. The newer methods for the estimation of sugar, Bence-Jones' albumin, uric acid and purin, have received thoughtful consideration. The subjects of animal parasites, diseases of the skin, transudates and exudates and secretions of the eye and ear have received an unusual amount of space. Attention has also been paid to inoscopy and cyto-diagnosis. Indeed, the book contains much useful material throughout, and being the latest work on clinical diagnosis, includes the most recent advances along that line.

Pharmacodynamics and Therapeutics.

MATERIA MEDICA ITEMS.

Remember the Mephitis patients

Delight in extreme cold. It is a pleasure for them to bathe in ice cold water. Lots of drugs have relief from cold, but the Mephritis patients want ice cold.

When your patient imagines

She is double, don't rush after Baptisia symptoms. It is, of course, well to think of Baptisia owning that symptom, but Stramonium owns it, Thuja claims it, and Petroleum says it is mine.

When a married woman

imagines she is pregnant think of Sabadilla.

When an unmarried woman imagines she is pregnant, think of where you can find a minister for her and her intimate friend.

Remember that Coffea

vies with Aconite in predicting the day she is to die.

Headache with blindess

Is a prominent symptom found in Kali bichromicum, Iris versicolor, Gelsemium, Natrum muriaticum, Causticum, Psorinum and Silicea.

An occipital headache

Is hard to cure, but we have Cocculus, Gelsemium, Juglans, Petroleum, Bryonia, and Cimicifuga to lend a curative hand when indicated.

A headache with a sensation

As if there was a band tied around the forehead, should lead one to think of Glonoine, Carbolic acid, Mercurius, Gelsemium and Sulphur.

We at once think

Of Silicea and Fluoric acid in fistulæ, but good old golden seal is another mainstay.

Professor Dewey says:

"Helleborus was used 1400 years before Christ." (The Professor is still in his prime.)

When a headache is relieved

By urinating Sanguinaria, Ignatia, Gelsemium and Silicea are recalled to my mind.

A cold feeling in

The abdomen is very prominent under Æthusa and Ambra, and a sensation in the abdomen as if there was something alive and moving about suggests Coccus.

Crocus and Veratrum album

Play a like part in desiring to kiss everybody, while the Tarantula patient receives great relief from hearing music.

The Natrum sulphuricum patient

Is always worse in damp weather, but the Causticum patient finds relief of all his complaints in damp weather

When a patient says

He catches cold at every little exposure to the fresh air, he is giving you a grand therapeutic symptom of Kali carbonicum.

Sticta

Has produced a peculiar symptom, a sensation as though her legs were floating in the air.

Asarum

Patient is so sensitive that the mere thought of the rubbing of silk together causes a thrill throughout the body.

When a patient complains

From a sensation as if the stomach were hanging down and relaxed, think of Staphisagria, Ipecac and Hydrastis.

Remember that aggravations

From fat, food, pork, pastry and sweets is not only a Pulsatilla < but also an Ipecac >.

When a patient suffers

From colic after a surgical interference, don't think of a hypodermic of Morphine, but look into the curative sphere of Larkspur. Give it if indicated, and watch how beautifully it takes hold.

Your typhoid patient

Will soon be convalescent. His fever has left him though he still remains irritable, weak and suffers exhausting sweats; also especially in nervous, slow reacting typhoid patients think of Castoreum.

Small doses of Lachesis

Made a prover feel as if he could study without fatigue, and Fluoric acid, Rhus, Arsenicum and Cocoa gives one strength to climb mountains without exhaustion.

Lycopodium and Lachesis

Are complementary. Do not allow them together, but let one follow the other when indicated.

Ranunculus and Hyoscyamus

Will lull the victim with delirium tremens into a quiet and restful sleep.

When little boils

Appear in the ear during the menstrual period think of Pulsatilla or Silicea.

Headache

Caused by loss of sleep or night watching find a curative sphere in Cimicifuga.

For that Hard

Stony, painful testicle with gonorrhœa in the background, recall Clematis to mind.

The mental symptom,

"When the mind seems to float into space," is found under Opium and Cannabis Indica.

Chelidonium

Is not the only remedy having the characteristic "pain under the angle of the right scapula." Chenopodium, Lobelia and Augustura all have it.

Relief of all head symptoms

After eating breakfast is a Lycopodium symptom. Nux Moschata has relief of head symptoms after eating veal, while Psorinum has marked hunger during a headache.

A sensation

As if a particle of food lies in the œsophagus, which causes him to swallow constantly, is very characteristic of Anacardium orientale.

A peculiar Cactus behavior

Is the neuralgic or other forms of pain are prone to appear when the patient loses his accustomed meal.

It has been said

The typical Natrum muriaticum headache requires a dry mouth. Dryness runs through the Bryonia schema, and Nux Moschata is indicated in many affections with the characteristic dry mouth.

Dr. Hering once said:

"The physician who takes no notes of his cases resembles the artist who professes to draw from recollection;" but Dr. Guernsey went further and said: "The physician who does not record the symptoms of his cases is like a sea captain starting across the ocean without a compass to steer by."

"She feels hot wind passing out of her ears,"

Is a peculiar but a pure therapeutic symptom of Paris quadrifolia. Paris also has that peculiar symptom, a sensation of a string pulling the eyeball backward.

When one catches cold

In damp weather and is afterward attacked with symptoms which lead to a diagnosis of la grippe via. chilliness, weakness, limbs ache, backaches, headaches, fever, catarrhal and nervous symptoms, remember that Rhus is as important in grippe as Gelsemium and Eupatorium or others, etc.

Menyanthes in headaches

The pain begins in the nape of the neck on the right side and soon involves the whole brain, < by going up stairs, with a feeling of heavy weight in the brain. > stooping, sitting or pressure (Argentium nitricum). There must always be a dread of solitude in the Menanythes patient.

Ammonium carbonicum

Has ranked with Sulphur in the cure of uncleanliness. In the 30th potency it has cured disgusting habits.

Rhododendron and Rhus

Are always worse upon changes of weather, they are worse during rest, they are relieved by motion, but Rhododendron differs in that it has a decided aggravation before a cold storm or cold weather. Pulsatilla, on the other hand, patient is much benefited from cold.

Hahnemann recommended Ammonicum carbonicum,

In nosebleed occurring every morning on washing the face. I have often seen epistaxis appear under the above conditions, with frequent recurrences throughout the day, cured with Phosphorus 30th. They were Phosphorus patients, though. When on blowing the nose or in stooping, when the patient is awakened at night with epistaxis, here Rhus toxicodendron is usually the indicated remedy. Crocus has cured chronic epistaxis occurring at regular intervals each week or month, exhausting the patient to a profound condition. Such patients may be called "regular bleeders." [Luther Peck, M. D.]

HISTORICAL REVIEW OF THE ROCK RIVER INSTITUTE OF HOMŒOPATHY.

BY A. W. BLUNT, M. D., CLINTON, IA.

At Dixon, Ill., December 7, 1881, though a cold winter day, warm hearts and willing hands welcomed the advent of a little stranger, whose growth and development during the intervening years have meant much to those who have become acquainted with him.

The case was regarded of such importance that twelve physicians were engaged, seven being in active attendance. The others, though absent, were ready for counsel and in eager expectation of the event.

Dr. J. A. Hoffman, of Mendota, Ill., was in charge, assisted by Drs. Gordon, Blackman, Kehr, Brown, Parker, and Scidmore.

The five others were Drs. Coutant, Chapman, Manning, Chappel, and McDowell.

There is no record of the nurses though, as there were two lady physicians among the number; they doubtless did their part in making the new arrival presentable.

The youngster was christened "Rock River Institute of Homœopathy," certainly a galaxy of names as illustrious as any of royal blood.

That he also started with a strong constitution was attested by all, and numerous by-laws of health were provided for his instruction and benefit in the future.

That his cranium was well developed may be inferred from the fact that Dr. Hoffman at this time anxiously expatiated on the subject of "Acute Hydrocephalus," with ample proof that it did not apply to this case.

Two other attendants may have been rather hasty in forecasting the future, as Dr. Brown's horoscope included a case of "Gunshot Wound of the Left Renal Gland," while Dr. Blackman piled up profitable precepts on "Hæmorrhoids." There is a good deal in anticipating coming events and being prepared for them through the warnings of preventive medicine. As the years have come and gone the doctors looking after the welfare and training of their growing protege have taken him to neighboring cities, there to meet with certain other physicians. These have met from time to time and counseled together on topics bearing on his proper bodily and mental care and development, covering the whole field of research, thereby cultivating the good and avoiding evil habits and tendencies.

Eighty-one times have these faithful guardians found time to do this.

The places and numbers of these gatherings being as follows:

Dixon, Sterling, Clinton, twenty-one times each; Morrison, twelve times; Rock Island, two times; Mendota, Fulton, Lynden, Moline, one time each.

Sixty-two physicians have been actively interested up to date, besides five of honorary degree. Twenty-six have been in attendance during the last three years, and so are classed as active supporters. These are: Drs. Charlton, Finley, Hill, Gruber, Gordon, Hazelton, Lanning, Kehr, Blunt, Bradford, Chase, Spencer, Lowell, Sap, Skinner, Ward, Ryder, S. L. Martin, Blackman, Sickles, Scott, Maloney, Gray, H. E. Martin, W. B. Carolus, W. I. Carolus.

The total number of those present at the eighty-one consultations was 735, an average of nine and a fraction each.

The largest attendance at any one place and time was seventeen at Clinton, Ia., October, 1901. The smallest number four, occurring three times, twice at Morrison, once at Dixon.

As stated, the leadership of the first year devolved on Dr. J. A. Hoffman. Others were chosen as follows:

Dr. F. W. Gordon, 1882; Dr. G. W. I. Brown, 1883; Dr. G. L. Chapman, 1884-'87; Dr. E. M. McAffee, 1888; Dr. C. N. Hazelton, 1889; Dr. A. W. Blunt, 1890; Dr. C. B. Kinyon, 1891-'96; Dr. O. R. Blackman, 1897; Dr. C. N. Hazelton, 1898; Dr. M. J. Hill, 1899; Dr. J. S. Lowell, 1900; Dr. C. Gruber, 1901; Dr. C. Lanning, 1902; Dr. D. M. Finley, 1903.

Five recorders have taken note of the words and deeds of our training school, namely: Dr. G. W. I. Brown, 1882; Dr. W. N. Chappell, 1883-'4; Dr. O. B. Blackman, 1885-'91; Dr. M. J. Hill, 1892-'93; Dr. A. W. Blunt, 1894-1904.

The educational work has been systematized under eight departments or bureaus, being in charge of the various members from time to time appointed by the Executive Committee. These separate divisions have reported through the chairmen and associates 152 times, contributing in all, 218 papers.

Under the head of reports from the field of practice much interesting discussion has arisen. Many clinical cases also have been brought for diagnosis and treatment, whose results cannot be summed up in mere words and figures.

As a tribute to the faithfulness of some of the charter members who are still working together with us, I give the number of times they have been present since that memorable birthday:

Out of eighty-one sessions Dr. Gordon was present at 67; Dr. Hill was present at 60; Dr. Blackman was present at 53; Dr. Kehr was present at 31.

Dr. Kehr's absence from the State for several years makes a difference in the number of times, but while here he has fully sustained his part in every way.

Looking over the record of the past and all the good we have derived from its lessons, realizing also that it is fidelity to the present that prepares us for fidelity to the future, each one of us should be ready to reaffirm our obligations to our Institute and pledge ourselves to carefully watch over its interests as we would over those of a child or dear friend, endeavoring also to encourage and promote the closest relations so that in a spirit of mutual dependence and helpfulness we may carry out our principles and destiny. Thus making the Institute a source of profit not only to ourselves and local influence and interest, but beholding the youth developing and growing toward manhood lead him out to grapple with problems of the widest scope that shall "till on ages tell for God" and humanity.

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Editorial.

TOPICS FOR DISCUSSION.

The Rock River Institute of Homœopathy at its recent meeting discussed two questions that other societies would do well to bring up and discuss. They were the following: 1. "What reply should we make to the invitation to become members of old school societies?" 2. "What steps, if any, should be taken to offset the present tendency of our homœopathic students attending allopathic colleges?" We would suggest a third topic, no less important than the foregoing, and one that should have a full discussion in every homœopathic society in the land, namely: 3. "To what is due the tendency of many of our homœopathic physicians to send their sons and students to old school colleges instead of to the colleges of our own school?"

We have always maintained that our own colleges were the equal of the colleges of any school of medicine, and that in them is taught all that can be obtained from any college, and in addition, there to, the science of homœopathic therapeutics. We believe that this is known and recognized by the majority of our practitioners. In looking over the field and noting the not few cases that have come to our notice where homœopathic physicians have sent their sons to old school colleges, we find that there are several so-called reasons for this action. As to their merits we will leave to our readers to judge. First, in many instances, the predominance of the commercial spirit in some of our practitioners is accountable for some deflections. We were told by one physician that he sent his son to an allopathic college so that upon the latter's graduation both schools could be represented in his office and no patients could get away. Second, personal grudge or spite against the college in the immediate locality. In these cases it is not perhaps so much against the college as against some particular member of the faculty, who possibly has not treated the doctor with the full meeting of professional courtesy, and in which case the college suffers. Third, dissatisfaction with our colleges, some saying they do not want their sons sent to colleges wherein exclusive high potency practice is advocated, and others refuse because the teachings of a given college do not show a sufficient difference from the teachings of the nearest allopathic college. Fourth, there are some who believe that prestige is lost by attending a homœopathic college, that graduates of old school colleges occupy a higher social plane than our own graduates, that they are more eligible to positions in army, navy, insurance circles, in fact, all official fields: in other words, it seems to these physicians that it is somewhat of a stigma to be a homœopathic graduate.

There may be other grounds, doubtless there are, but these seem to be accountable for most of the injustice that is being done Homœopathy by this course. In the first place, where the commercial spirit is predominant, we cannot suggest any remedy. There are physicians who practice "for revenue only." These physicians should abandon the practice of medicine, which, at best, is so poorly remunerative, and seek other fields which offer far greater inducements for mere money making. Our cause would gain strength by their taking off. Second, there is much to be said against the personal grudge spirit against our colleges or against individual members of the faculty. If it is insurmountable, there are other colleges to which a student may be sent where this feature is absent; it may cost a little more, a few miles farther may intervene between father and son, a circumstance in these days of easy transportation that should cut no figure. Then, again, it is not unlikely that the local college is capable of improvement, and it is the duty of the physicians of the locality not to deny their support, but to organize for an improved institution. No college desires to keep on its faculty for any length of time a member who is a decided detriment to the institution, no matter to what excellence his teaching may reach. A united effort to improve our teaching forces made by the physicians of the locality most affected would result in good for the institution and the cause. Third, dissatisfaction with our colleges, which is akin to the foregoing, is correctable in the same way. We believe that much of this dissatisfaction is due to a complete ignorance of what our colleges are doing in many instances. We find this spirit prevailing mostly in those physicians who are not members of the Institute, or of any local society, who rely upon sample periodicals for their journalistic literature, who are not in touch with the needs of the school and whose medical practice and social standing would be improved by an increased interest in the school in which they have cast their lot. An examination of our colleges

would convince them that we have all that can be found in any institution devoted to medical instruction and more too. Fourth, we do not believe that this argument is tenable in any particular. Our social standing is equal to any; we have representatives in government, state, local and special official circles, and the mere assertion that such is not the case shows a lamentable ignorance of the existing condition of affairs. While we do not believe it wise to antagonize these weak-kneed advocates of Homœopathy, we are tempted to say that we can get along without them. It is better, however, to instruct these erring brothers, enthuse them in the duties they owe to the cause, for they are of little faith and know not what they do.

A full discussion of these topics in our various societies and clubs would tend to awaken the dormant interest in Homœopathy, and there are no topics that would be productive of more usefulness to Homœopathy.

EDITORIAL BREVITIES.

Some Minimum Requirements for a Medical Diploma.

The Michigan State Board of Registration in Medicine has after a long and possibly tedious labor delivered itself of a litter of "minimum requirements" for the diploma of Doctor of Medicine, which are hereafter requisite for registration in that Commonwealth. An examination of these requirements reveals some startling inconsistencies from the standpoint of our school. The schedule is arranged on the hour system and the number of hours required in some of the branches, and it is a significant fact that these branches are the prominent ones in the old school, is greatly in excess of what we as a school deem the important ones. For instance, there are required to be spent in the study of bacteriology, 160 hours; in histology, 200 hours; in pathology, 240 hours; in eye and ear diseases, 200 hours; in surgery, 430 hours. Materia Medica, however, which to us is the chief study, dealing with the means to cure disease, is minimized to 50 hours' lecture work, and 50 hours' laboratory work in the entire course of four years. We do not wish to be understood as objecting to the requirements of the other branches, there is no branch of medicine that is unimportant, but it would seem that thus minimizing the most important study of all, the branch that makes the physician what he is, a healer of the sick, is a poor plan. It is perhaps argued by the old school, in which this study is held in so little esteem, and in which it is acknowledged that no progress has been made for a half century, that there is no necessity for it, that even 50 hours is too much to be spent in it, and that all other schools are on a par with them. The homœopathic and eclectic schools, which not only make a specialty of, but whose existence as separate schools depends on this very branch, should not look with favor upon this attempt to wipe out the distinguishing lines, for such an attempt it seems to be, and should insist that the requirements in Materia Medica be equal at least to the speculative studies of pathology and bacteriology. The schedule, too, seems to put a premium upon surgery and to rank it as the most important study, giving 430 hours as a minimum requirement to this branch. It seems to us that this is one of the schemes of the old school to depreciate the study of curative medicine as represented by the homœopathic and eclectic schools, and is but another step in the attempted disintegration of these schools. If we do not watch out medicine will become surgery, and bedside and clinical practice will become mere laboratory technique, and this is a condition which we as a homœopathic school, a school of exact and scientific methods, cannot subscribe to.

Historical Homœopathy in Scotland.

The Encyclopædia Medica, a pretentious work in fourteen volumes, edited by Charles S. Watson, M. B., M. R. C. P. E., and published by Wm. Green & Sons, Edinburgh, has just appeared in its last volume. In the work we find a historical sketch of Homœopathy, which, while purporting to be merely history, is nothing but vituperation. It describes Hahnemann as worthy of a madhouse, and makes innumerable false statements about him and the system of Homœopathy. This is history as written in Scotland in 1904. They say that Calvinism flourish best where the minds are the narrowest, Scotland. It is evident that bigotry and intolerance flourishes best where the minds are the narrowest, and for a moment it looks as if Scotland had made a touch down on this goal.

This "historical sketch" denominates Homœopathy as a "fantastic system of medicine," and says that Hahnemann treated inquiry into the cause of disease as useless, that he rejected a belief in the vis medicatrix naturæ, that his observations on drugs were preconceived and imaginary, and that homœopathic physicians now gave the same drugs in the same doses for the same diseases that other physicians do.

If the remaining articles in the Encyclopædia are written with the same regard for correctness of statement it is a truly valuable addition to any library.

Editor's Table.

GENERAL NEWS.

Dr. Susan M. Hicks, formerly of Atlanta, Ga., now of San Francisco, has removed her offices to 621 O'Farrell street.

We have received the Thirty-eighth Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, Pa. The report shows that the record of the hospital is the best in its history. Over 3,000 cases were treated with less than 4½ per cent. mortality, which is much less than the average hospital practice. It is a record unequalled by any similar institution in the State. Over 1,000 surgical operations were performed.

The death of Dr. Niels Finsen, of Copenhagen, the originator of the well known Finsen light, is announced.

Dr. M. B. Campbell, retiring superintendent of the Southern California State Hospital for the Insane, was presented with a gold watch on his retirement from the Institution, by the members of the Board of Managers.

Dr. H. E. Koons, of Danville, Virginia, is one who has always a good word for the Medical Century.

Dr. Lynn H. Case, of Santa Monica, California, is driving a new and handsome gasoline car, and is doing a thriving business in that town.

Dr. Fred. J. Shulz, of Fort Wayne, Indiana, was married on October 20th to Mrs. Grace Kappel, The good wishes of the Medical Century go with the doctor and his bride.

Dr. S. H. Knight has removed his office from No. 18 to No. 37 Willis avenue, East Detroit.

Dr. J. P. Baird has changed his location from St. Louis to Marionville, Mo.

Dr. W. B. Hinsdale, of Ann Arbor, delivered an address at Hiram College, Ohio, on October 21st.

Dr. A. K. Crawford, formerly of Chicago, now of Oakland, Cal., has removed his office to 1115 Broadway in that city. By the way, we see a "Dr. A. K. Crawford's Pile Cerate" advertised in one of our contemporaries.

Dr. A. T. Barnum, of Toledo, went abroad last month with a patient.

Dr. J. E. Guy has removed from Chicago to Woodstock, Illinois, where he has located.

Dr. F. W. McAfee, of the University of Michigan Homœopathic department, class of '04, has located at Davisburg, Mich.

Dr. J. M. Griffin, of Detroit, has removed his office and residence to "The Lenox," 50 and 54 Madison avenue.

The annual report of the Middletown State Hospital shows that institution to be in an unusually flourishing condition under the able management of Superintendent Ashley.

Dr. V. E. Baldwin, who will be remembered as securing second place in the Century prize contest, has located at Greentown, Indiana.

Good reports come from the homœopathic department of the University of Iowa. The freshman class is three times as large as it was last year, and all the old classmen, with the exception of three, are back. This is good news. Wonder if the prize essays didn't have some effect in Iowa at least.

Professor Copeland, of Ann Arbor, has issued his excellent paper, which appeared in the September number of the Medical Century, in pamphlet form, in a neat cloth binding, for distribution. All who have read this valuable addition to our literature will be glad to be able to have it in this form for reference. Numerous letters from our subscribers testify to their appreciation of the able essay.

Dr. E. S. Blair, assistant physician at the Southern California State Hospital for the Insane at Patton, was married on October 9th to Miss Leona Droon, of Valparaiso, Indiana. The doctor and his bride were visitors at the St. Louis Exposition on their way to Patton.

Mr. Adolph Schulz, who promises to become famous as center in the celebrated University of Michigan foot ball team, is a son of Dr. A. F. Schulz, of Fort Wayne, Indiana. Mr. Schulz has one brother who is a homœopathic physician, and another who is at present in the incubator.

The semi-annual meeting of the fifty-first year of the New Jersey State Homœopathic Medical Society was held at Lakewood, N. J., October 25th and 26th. There was a good program, plenty of entertainment and a profitable session.

Dr. C. H. Brace, of Cumberland, is president of the Board of Health of Alleghany county, Maryland.

Dr. Florence Meder is physician to the Western Kentucky Insane Asylum; thus our homœopathic interests are well looked after in Kentucky, with the doctor in the Western Asylum and Dr. Minnie Dunlap in the Eastern Hospital.

Dr. Lizzie Gray Gutherz has been ill for several weeks, yet has attended to her duties as secretary of the Southern Homœopathic Association. In appreciation of her interest and work under these difficulties, the Society voted unanimously to send her a floral offering with its compliments and good wishes.

There is every prospect of better homœopathic times in Missouri. A change of Governor will occur on January 1st, and neither of the candidates are allopathic physicians; in fact, the one who will probably win is a homœopathic patron, and there may be something doing in the line of that chair in the university, and in that asylum that we lost when the present incumbent went into office. We will keep our eyes on Reily and trust in Dolinger, and no doubt he will see us through.

Dr. C. E. Fisher, tanned, fat, wiry, and looking better than he ever did, and that is saying a good deal, was present at the Southern Homœopathic Association. He tells interesting tales of his hospital work in Western Maryland, and we have insisted that as this is homœopathic work he should give it to the Century readers. His modesty is the only thing that seems to stand in the way. Now wouldn't that ——.

Dr. L. C. Grosvenor, of Chicago, gave many interesting talks on the baby and his experience in obstetrical practice before the Southern Homœopathic Association at the recent meeting. Dr. Grosvenor is fully alive to the progress in his special branch, and keeps informed about other things, too. It was a delight to meet him.

Dr. C. S. Neiswanger, of Chicago, delivered a lecture on electricity before the Homœopathic Medical Society of Western Michigan on October 19th.

Dr. Harold Wilson read a paper before the Detroit Homœopathic Practitioners' Society on October 31st, on the "Principles of Homœopathy," which was discussed by Dr. W. A. Dewey, of Ann Arbor, and others, Dr. Wilson taking the ground that the law of similars was not unequivocably proved by Hahnemann.

The Homœopathic Medical Society of Chicago

held its first meeting of the season on October 20th. About 120 were present. The chief business of the meting was the consideration of the Institute meeting in Chicago. Dr. J. P. Cobb, Chairman of the Committee on Local Arrangements, made the following motion:

That a committee of twenty members shall be appointed by the Chairman of this Society to work with the Chairman appointed by the Institute, and to constitute the local committee of arrangements, with full power to represent the Society in every particular; that the committee shall consist of five members to represent each of the three homœopathic institutions in the city, viz., Hahnemann Medical College, Chicago Homœopathic Medical College and Hering Medical College, and five to represent that part of the profession not connected with the teaching staff of either of the three mentioned institutions. Further, that the institutions shall each be requested to nominate the five physicians by whom they desire to be represented on this general committee.

This was unanimously carried, and the following were named as members of the committee of local arrangements:

From the Hahnemann Medical College: H. V. Halbert, M. D., C. G. Fellows, M. D., A. L. Blackwood, M. D., C. J. Swan, M. D., C. E. Kahlke, M. D.

From the Chicago Homœopathic Medical College: W. M. Stearns, M. D., T. E. Costain, M. D., M. B. Blouke, M. D., B. A. McBurney, M. D., S. H. Aurand, M. D.

From Hering Medical College: R. Morris, M. D., M. M. Thompson, M. D., F. E. Wieland, M. D., J. H. Allen, M. D., Stafford T. Mitchell, M. D.

At large: W. S. Harvey, M. D., C. F. Ely, M. D., E. C. Sweet, M. D., A. E. Thomas, M. D., L. A. Schultz, M. D., G. B. Richards, M. D.

After the appointments had been announced, Dr. Jos. P. Cobb said:

Mr. President: In view of the fact that there is but one large city in Illinois, and that there is no other place outside of Chicago within our State where the Institute is liable to meet in the near future, I would like to call your attention to the desirability of asking the Illinois Homœopathic Medical Association to share with us as hosts of the American Institute of Homœopathy at its annual session next year. I am informed that the Executive Committee of the State Association have already voted to hold their meeting at the time of the Institute session; and that they will be ready to cooperate with us if we should desire their assistance in the pleasure and responsibility of entertaining the Institute.

I, therefore, move that a formal invitation be extended to the president and officers of the State Society requesting that they appoint a committee to represent the State Society and the homœopathic profession of the State, to advise, to assist and to act with your committee in preparations for the annual meeting of the Institute and for the entertainment of its members during such meeting.

On receiving a second, Dr. Cobb's motion was put to vote and unanimously carried.

The Homœopathic Medical Society of Eastern Ohio met in the Cleveland Medical College building October 19th, Dr. H. W. Carter, of Cuyahoga Falls, President, in the chair. The following program was carried out.

1. Potentized Remedies Illustrated by Facts, W. H. Kirkland, M. D., Massillon, Ohio.
2. The Pupil as an Aid in Diagnosis, W. A. Phillips, M. D., Cleveland, Ohio.
3. Dilatation of the Stomach, W. B. Hinsdale, M. D., Ann Arbor, Mich.
4. The Materia Medica of Convulsions, A. L. Waltz, M. D., Collinwood, Ohio.
5. Motor Insufficiency of the Stomach, E. O. Adams, M. D., Cleveland, Ohio.
6. A Case of Extremely Low Temperature, J. T. Carter, M. D., Cleveland, Ohio.
7. In Memoriam, Dr. Morrow, by G. J. Jones, M. D.; Dr. Hayden, by J. W. Rockwell, M. D.
8. The First Stage of Labor, E. H. Jewett, M. D., Cleveland, Ohio.
9. The Local Treatment of Uterine Diseases, P. B. Roper, Cleveland, Ohio.
10. Baptisia and Bryonia Compared in Typhoid Fever, M. M. Catlin, M. D., Canton, Ohio.

Dr. J. C. Wood and Dr. W. F. Miller held clinics in the college amphitheatre. A dinner was given visiting physicians at the hotel Euclid.

NEW YORK ITEMS.

BY ANNIE S. HIGBIE, M. D., NEW YORK.

One of the most important events of the month in medical circles was the thirty-eighth semi-annual meeting of the New York State Society, which was held in this city on Tuesday and Wednesday, September 27th and 28th. All the sessions were held in the senior lecture room of the New York Homœopathic Medical College, while the surgical clinics were given each day in the Helmuth operating amphitheatre of the Flower Hospital. It was the largest and most enthusiastic meeting ever held in the history of the Society, and cannot fail in having a beneficial effect on all who were privileged to attend. The papers read were of a very high grade, and the only cause for regret was that there was not nearly enough time for the discussions. Luncheon was served each day in one of the laboratories, and was a very pleasant feature, as it afforded a fine opportunity for greeting old friends and meeting new ones. On Tuesday evening the Homœopathic Medical Society of the County of New York entertained all the visiting doctors and their wives with a vaudeville and supper at Delmonico's, and the large number who attended were unanimous in their expression of approval. On Wednesday morning the visiting ladies were taken on a tour of the city on one of the large "Seeing New York" automobiles.

Echoes.

Dr. Fred. Dearborn illustrated his talk on "Pigmentation of the Skin" with over a dozen cases, each one being an interesting illustration of the various types of the affection.

The interesting papers contributed by the men

who had spent the summer studying in Europe put us all in touch with the latest developments along medical lines abroad.

"If I were to prescribe for a 'stiff-necked generation' I should give them Cimicifuga, as it has more effect on the cervical muscles than any other remedy; but in these cases I have always found it necessary to give it in the lower potencies."—E. B. Nash, M. D.

The cases shown by Dr. William Harvey King were a convincing argument for the efficacy of the X-ray and radium in the treatment of lupus and epithelioma.

The skill and facility shown by the visiting surgeons convinced the on-lookers that the surgical skill of the profession is not all concentrated in New York City.

"A valuable point in differentiating between Arum triphyllum and Pulsatilla in diphtheria is that cold water aggravates the Pulsatilla patient, while it relieves the Arum triphyllum case."—B. G. Clarke, M. D.

The visiting physicians returned home carrying with them the feeling that Professor Carleton and his efficient committee had spared neither trouble nor expense in arranging a pleasing and profitable program.

Dr. Edwin Munson, who has been associated with Dr. Norton for the past eight years, has opened offices at 645 Madison avenue, where he will attend to diseases of the eye and ear. Dr. Richard L. Eltinge, who has been house physician at the Five Points House of Industry, will be associated with Dr. Norton.

The formal opening of the New York Homœopathic Medical College was held Tuesday evening, October 4th. The Dean presided, and extended a warm welcome to the returning students as well as to the members of the freshman class. During his recent trip abroad he had been investigating methods on the Continent, and his comparisons were vastly in favor of the American colleges and methods of teaching. The Rev. Dr. Strowbridge delivered the address of the evening.

The Women's Medical College and Hospital has opened its doors for the winter term with a number of new names on the teaching faculty and with every prospect of a successful year.

The County Medical Society held the first meeting of the season of 1904-'05 in the chapter room of Carnegie Hall on Tuesday evening, October 13th. The following program was presented: Report of Committee on Obstetrics, Frederick W. Hamlin, M. D., Chairman; the Etiology and Treatment of Eclampsia, by Edwin P. Swift, M. D.; Post-Partum Hæmorrhage, by William Giles, M. D.; Report of Committee on Surgery and Gynæcology, George Watson Roberts, M. D., Chairman; the Treatment of Pott's Disease in Children, by Anson H. Bingham, M. D.; Report of Committee on Materia Medica, Clarence C. Howard, M. D., Chairman; Forgotten and Verified Symptoms of Calcarea carbonica, by Spencer Carleton, M. D. The discussions on these papers were of especial interest. Mabelle Jeanne Perry, M. D., and Percy W. Shedd, M. D., were elected to active membership.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. L. L. Herriman, of Maas City, Mich., is in Chicago doing special work at the college.

Dr. H. A. Greiner, senior interne at Hahnemann Hospital, spent three weeks recently at Pullman, taking care of the practice of Dr. McGuy, who was away on his vacation.

Dr. Richard Street has been given the Thursday clinic in nose and throat diseases at Hahnemann.

Dr. W. P. McGibbon has recently been appointed as pathologist to the Illinois Eye and Ear Infirmary in this city.

Dr. Edgar J. George spent a few days recently at the home of his parents in Fairfield, Iowa.

The homœopathic physicians of Chicago have won a victory in the matter of having one of the autopsies at the Cook County Hospital conducted by one of their own men. Dr. Wightman, lecturer on pathology at the Chicago Homœopathic Medical College, will have charge of it. This will be a great help to the homœopathic students, as formerly they had to attend the old school autopsies, and were given little chance to learn about or investigate the cases shown.

Dr. Burton Haseltine completed his service at the Cook County Hospital this month, and Dr. Edgar J. George began his. They are the homœopathic eye, ear, nose and throat attending physicians, and serve six months each.

The Grand Chapter meeting of the Phi Alpha Gamma Fraternity will be held in Cleveland, November 17th, 18th and 19th. Many physicians and students from the Chapters here are planning to attend the meeting.

The Junior ball of the Chicago Homœopathic Medical College will be held at the Warren avenue club house on November 18th.

Dr. A. C. Tenney, of Clinton, Iowa, has removed to this city, and has located at 5900 South Center avenue. His hours are: 7 to 9:30 A. M., 12:30 to 3:30 P. M., and evenings.

Dr. Robert Graves has taken the place of Dr. Rollin Shwartz, who has loated at Lake Villa, Ill., as assistant to Dr. Burton Haseltine.

Eta Chapter, Phi Alpha Gamma, received their friends and the students and faculty of the C. H. M. C. at their chapter house, 272 Ashland Boulevard, on Friday evening, October 21st. Light refreshments were served. A musical program was rendered during the evening.

The organization committee of the Illinois Homœopathic Medical Association was held at the De Jonghe's restaurant recently. They are going to organize all the Homœopaths of this State into societies, which will work for the advancement of the cause. They find that the physicians are very enthusiastic over the move.

Dr. N. S. Johnson, who has for several years been curator at the Chicago Homœopathic Medical College, has resigned his position, and has removed to Morris, Ill., where he will practice in the future.

Dr. C. D. Collins and Dr. Cassidy have taken a

flat at 3034 Michigan avenue, and have opened offices there.

The papers of Chicago have created considerable excitement among the physicians here by exposing a system of graft known as the commission system, certain doctors paying commissions to the general practitioners for bringing them cases. A decoy letter was sent out to about 100 physicians. A large number, especially of the old school, bit. Only two Homœopaths were caught by the letter, and they answered it in such a way as to show that they did not make a practice of doing so. Dr. Murphy, President of the Chicago Medical Society, says all members of that organization engaging in that manner of business will be expelled from the association.

Dr. G. F. Shears is exhibiting with considerable pride a beautiful photograph showing a section of bowel removed in the successful treatment of an acute case of intussusception of a child. Dr. Shears is proud not only of the photograph but of the result obtained in a most desperate case. The case will probably be reported in the Century.

Dr. H. P. Skiles is said to be one of the few successful managers of a private sanitarium. The Garfield Park Sanitarium is one of the successful homœopathic sanitariums of the city.

Dr. Vance Rawson, 169 South Hoyne avenue, an alumnus of Hahnemann Medical College, has been appointed lecturer on anatomy in the Hahnemann Medical College.

Dr. J. C. David, of Sandwich, Ill., a successful practitioner of over thirty years' standing, and who is as progressive as ever, is frequently seen at the clinics of Hahnemann Medical College.

A very convenient arrangement of the new Hahnemann lecture schedule is that which places the sub-clinics in the different departments at a uniform hour, from 11:30 to 3:30, thus enabling the senior students to be called to the different subclasses without interfering with the regular lecture schedule. That the senior students are not expected to forget their Materia Medica is shown by the fact that daily lectures are given in Materia Medica during the senior year in addition to the general medical clinic of Dr. Halbert, Dr. Blackwood, Dr. Cobb, Dr. Kent, and the quizzes conducted by assistants. Who says Materia Medica does not receive attention in homœopathic medical colleges?

Dr. H. J. Cassidy has located at 92 State street.

Dr. Milton H. Baker, of 4806 N. Clark street, is exhibiting some beautiful dissections of hernia and of the nervous system. Is it possible we may develop another such an enthusiast and skillful anatomist as Dr. Weaver, of Philadelphia?

The women physicians have called a meeting to consider the quesiton of how best they can serve the cause of Homœopathy during the meeting of the American Institute that is to be held in Chicago next June.

Drs. Burton Haseltine, the professor of nose and throat diseases in the Hahnemann Medical College, and Dr. Richard Street, who is interested in the same specialty, have taken bachelor quarters in the new Southern Hotel, 13th and Michigan avenue.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON. D. C.

Dr. George Hyde Lee has removed his office and residence to the Edward, 816 15th street, N. W.

Dr. McPherson Creighton has removed his office to Stoneleigh Court.

Dr. W. Hayes Brown has moved to 1313 6th street, N. W.

Dr. I. W. Dennison has returned from a vacation spent in New England.

Dr. W. R. Buchanan was married at Vineland, N. J., September 27th, to Miss Alice Lawrence.

Dr. J. S. Stearns has just recovered from an injury to his knee, caused by his automobile.

The first meeting of the Homœopathic Medical Society was held at the Shoreham, Tuesday, October 4th. There were two very interesting papers presented; the first, by Dr. L. D. Wilson, upon the acute intestinal diseases of children. He believes that the second summer for a child is no worse than any other summer, if the food supply is properly taken care of. He advises the removal of the cause, when improper food is to be blamed, by a change of food, or by ridding the bowel of the offending substance already there; would advise lavage of the bowels in cases of acute intestinal indigestion. He did not recommend remedies, as he considers each case requires individualizing, and would treat the child rather than the disease.

Dr. R. Munson's paper was entitled "A Resume of Typhoid Fever Experiences." He divided his cases into three groups, first those in whom the symptoms are latent for weeks, and pursue a very slow and rather erratic course; second, those with the typical abdominal symptoms, and third, those with whom the disease begins very suddenly, sometimes with a chill or otherwise, as the case may be. The greater majority of cases belong to the first group. He spoke of having treated one patient during the past summer who was in her eighth month of pregnancy; she made a good recovery without the pregnancy having been interfered with in any way The paper provoked a lengthy discussion. Dr. J. B. G. Custis believes we can't shorten or abort a typhoid fever case; he believes we may modify the symptoms, but that is the extent of our ability in treating it. He thinks the prognosis of the case depends upon the history before the attack; a patient who has previously had gonorrhœa or syphilis, being much less liable to recover. He spoke of some rather unusual remedies, such as Zinc., Hydrocyanic acid and Ferrum.

Dr. Lee related a case that had apparently been aborted by Baptisia. Dr. Dennison asked the question, If the temperature rises to 108°, is it ever followed by recovery? He was answered in the negative.

Dr. W. R. King related a case that had fallen under his observation during his vacation, said case being treated by physicians of the old school. He considered that the patient would undoubtedly have recovered could he have been situated in a region

within reach of homœopathic treatment. He spoke of the use of Adrenalin to relieve hæmorrhages.

Dr. Macdonald believes the disease to be infectious. He thinks that railroad travelling is responsible for many cases, the dust being inhaled on the train, during the hot weather with the windows open. He believes that all the fluids of the body contain the virus, even the perspiration. He also spoke of the sequelæ, as he considers the disease may leave disabled organs in any part of the body, although he does not think we get the complications or serious after-effects that the old school physicians complain of. He suggests that the railroad trains be provided with suitable closets so that the excreta will not fall upon the roadbed, but be carried to the end of the route and be deposited in proper receptacles.

Dr. Harvey having recently located in Washington, coming from New Hampshire, spoke of the variation in disease here from what he has been accustomed to in his former location; he notices it especially in the summer fevers. He described a case which had been extremely puzzling to him, but which the Society decided was malaria rather than typhoid.

Dr. Kingsman believes typhoid to be infectious He also spoke of the malarial cases we have in Washington which closely resemble typhoid. He does not believe in ice baths for high temperature He considers the best meat for a typhoid patient after ten days of normal temperature to be a young squab; would use that before chicken.

Dr. Branson spoke of the use of fruit juices in the feeding of typhoid patients; he considers them preferable to a strictly milk diet and would give as little milk as possible, believing that milk and broths make a good culture medium for the germ, while the use of fresh fruit juice does not. He also spoke of the advisability of the physician washing his hands after handling a typhoid case, before preparing the medicine from his satchel.

Dr. Taylor spoke of the water diet, and seemed favorably inclined toward a diet of water alone where the patient and friends would submit to the same. Dr. Gilbert and Dr. Davis also favored the water diet.

The committee to prepare resolutions regarding the death of Dr. W. F. Corey reported with a short history of his career and expressions of sympathy for the family.

OBITUARY.

Robert Ellis Dudgeon.

It is with profound sorrow and a keen sense of the loss that Homœopathy has sustained that we announce the death of Dr. R. E. Dudgeon, of London, England, the news of which reached us just after going to press with our October issue. Dr. Dudgeon, the Grand Old Man of Homœopathy, not only of England, but of the entire homœopathic world, was born in Edinburgh on St. Patrick's day, 1820, and was at the time of death, which occurred on September 8th, over 84 years old. Our readers will recall a correction that he made in his article on "Potencies" appearing in the February issue of the Medical Century (1893), where by a typographical error the word, as he wrote it, "Octogeranium," was made to read "Octogenarian." In a letter to the editor calling attention to the error he stated that he considered "Octogeranium," which some of his patients called him, the "much sweeter appellation."

A very complete autobiography of his life appeared in the Hahnemannian Monthly in 1892. In it he states that his medical education was obtained in the University of Edinburgh, where he was graduated in 1841, after having pursued his studies while waiting for his majority in Paris. After graduating he went to Vienna, where he had for fellow-students Drysdale, Russell and Fisher, all well known in the homœopathic world, and it was Drysdale who persuaded him to look into Homœopathy. He spent much time in Germany, becoming familiar with the language and making the acquaintance of the principal homœopathic physicians of that country. On his return to London he joined the editorial force of the British Journal of Homœopathy, in which periodical he had already appeared as a frequent contributor, and he remained connected with that journal until its cessation in 1884, a period of thirty-eight years. It was Dr. Dudgeon who was instrumental in the selection of Leipsig as the proper place for the proposed monument to Hahnemann, and he was present at the unveiling of the statue in 1851. He was one of the founders of the Homœopathic Hospital and School for Homœopathy in Bloomsbury Square, and, in fact, he was intimately connected with every institution devoted to Homœopathy in England, and his works and writings are a veritable history of Homœopathy in that country. His Lectures on Homœopathy is one of the classics of our school. He was a voluminous writer, contributor to nearly all of the periodicals of our school; he translated the Organon of Hahnemann. He wrote a work on the Human Eye; Its Optical Construction. He invented a sphymograph, which is now generally acknowledged to be the best in spite of the fact that it was brought out by a homœopathic physician. Not only was he the translator of the Organon but of all Hahnemann's works with the exception of the Chronic Diseases. He was never absent from any homœopathic society that met within visiting distance, and his presence always added sunshine to the meetings, and there was a corresponding cloud when he was absent. There was no controversy in the medical or lay periodicals concerning Homœopathy but that he was represented in, and always ready to support and uphold the system to which his life was devoted.

America mourns with England in the loss of this grand and stalwart Homœopathists. Our losses on this side of the Atlantic within the past few years have been great, and we feel the loss of such men as Hughes and Dudgeon in England fully as much as we do our own losses. The memory of Dr. Robert E. Dudgeon we honor and we regard him as the greatest homœopathic physician that has lived since the time of the founder.

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Surgery.

THE MEDIAN LINE IN SURGERY.

BY E. STILLMAN BAILEY, M. D., CHICAGO, ILL.

The practical part of my paper is in the second half, and the first half is very short.

Part I. The importance of the median line in surgery is known to all surgeons, and yet I have never noticed any article on this subject, and it was my intention, when first taking up this theme, to collate and bring together the various operations that had to deal directly with the median line of the body, anteriorly and posteriorly. For instance, all brain surgery is dependent almost entirely upon the exact knowledge of the location of the median line. This is the point of safety or the point of injury. All abdominal surgery begins with observing the median line. All of the deformities of the spine are connected with the normal position in its relation to the median line. All peculiarities of the chest walls and the deformities of the pelvis are recognized as such primarily from their deviation from the median line. The bow-legged people are simply bow-legged because they deviate from the median line; if it were not for this reason, they would not be observed to have this deformity. Chronic forms of luxations of joints and the trunk of the body, of the extremities of the body are all known to be such because of their deviations with reference to the axis and the median line of the body. Also the various face deformities. While one eye may be a line or two above the one on the opposite side, the relation of the strabismus, cross-eyed, where one or both eyes are affected, is always determined by the oculist with reference to the position deviating from the median line. And thus we might continue through special rather than general descriptions. Those who have operated watch with interest the surgeon's first approach of a new case. The palpation may seem like a nervous feeling around for something, but to those already initiated it soon seems to locate various fixed points of the body, and these are always associated with reference to their position and relation to the median line. We could thus take an amount of valuable time in generalizations, but I, perhaps, have said enough to call attention to the valuable fact that whether written about or not, whether it has appeared in print or in the text-books with sufficient emphasis, the median line of the body is one of importance, and it carries with it a little of anatomy that must be distinctly understood and surgically cared for during all operative work.

Part II. Hernias. The various forms of hernia have been so often described that I shall only attempt to take one of this class, and in the few cases that I have to report, they all belong to the class known as the hernia of the linea alba. In looking over my note-book, covering nearly 300 abdominal sections, I find too many cases of hernia of the linea alba, how many I do not propose to tell; some of these are probably due to the faulty repair work following laparotomy, and some of them I know are due to the patient's physical condition when the operative work was done, while some are due to accidents, and others are due to the atrophies that had existed prior to the operative work. Not all of the cases of hernia of the linea alba are operative cases. Let me detail a few cases.

Case No. 1.—This patient was a married woman, 36 years of age, the mother of seven children, and the patient was in the eighth month of pregnancy with her eighth child. When walking on a plank sidewalk that was raised two feet from the ground, one of the wide boards broke as she stepped upon it and she fell through the sidewalk, going to the ground with both feet, and in falling forward struck the abdomen a very severe blow. She was accustomed to very hard work, had entire charge of little home and large family; and while she knew that something had happened at the time of this fall she did not know what had happened, and as she was able to be around did not consult a physician. Labor came on one month later, was normal in every way, and the physician in attendance did not recognize any abnormal condition of the abdomen following labor. About one year after the delivery of this child, a physician was called, and in making a hasty examination of the patient found a large tumor, and without going into further particulars or making extensive inquiries decided that she had an ovarian tumor, and recommended its removal. I was called in this case to operate for the removal of an ovarian tumor, and found the patient in a very small room in one of the suburbs of Chicago, and that she had engaged a nurse to stay with her two days; her attending physician lived seven miles in one direction from her, while I lived fifteen miles in another. The room was poorly lighted, the day was dark, and the patient in none too good condition for surgical work. Without more than a cursory examination, thinking I would complete one while the patient was under the anæsthetics, we placed the patient on a table, gave chloroform, and while taking the chloroform the patient took occasion several times to

vomit severely. When she was asleep the abdomen was uncovered and the following conditions were determined for the first time, and were traced back to the time of the accident, as above described: There was an entire separation of the recti muscles from a point five and one-half inches above the umbilicus down to one inch above the pubes; the recti muscles were thinned, so that it was with greatest difficulty that they could be observed or felt, and when found were well over toward the lateral wall of the abdomen, more like a little fibrous band than like a muscular structure. The fascia of the external oblique muscle and the aponeurosis, that usually make the linea alba as strong as any other portion of the abdominal cavity, were so thinned and appeared so perfectly subcutaneous that it was scarcely more than the thickness of a folded blotting paper that protected the intestines from the outside world. When the patient was asleep, and all the muscles of the abdomen thoroughly relaxed, great coils of intestine could be seen moving; the large intestine could be traced in its transverse course across the abdomen, and the descending colon could be outlined with the fingers. Placing a cold hand over the small intestine the vermicular motion was observed to be very rapid, and this study of a phenomenal case was interrupted only by the question from the husband, who was present: "Well, what are you going to do?" And my reply was that I declined to proceed in the operation of the case. We allowed the patient to come out of the anæsthetic and to be placed in bed. When she was capable of understanding and talking, I asked permission to have her removed to the hospital, stating that the reason I declined to operate was due to the fact that she had no physician or nurse at hand in case of any emergency; that the tissues were so thinned and so delicate that I placed very little confidence in their ability to stand much of a surgical strain unless she was under the eye of an experienced person every moment of the time for the first few days following operative work; and as her doctor was to be absent most all the time in his busy life, I declined to operate. I found, then, that the patient had been previously persuaded to go to one of the hospitals in the city and have this tumor removed, as it had been called; the time had been set for the operation the following morning, when she happened to overhear the nurses talking about horrible things they had seen in the operating room; she waited till the wards were quiet, the lights were out, when she stealthily left her bed, found what clothing she could to cover herself (which was none too much at any time), stole from the hospital and walked some four miles to a friend's house, and the next day made her way to her home, firmly resolved that she never would step inside of another hospital.

At the present time the patient is living without having had the operative work done. She is obliged to wear a very heavy and snugly fitting bandage, and very cheerfully declares that with the bandage she can get along without the interference of any surgeon. This is one of the phases I have met with of hernia of the linea alba.

Case No. 2 is that of a lady aged 49 years, the mother of two children. At the birth of the eldest child, twenty years ago, she suffered a rupture at the umbilicus, the hernia following. Just at the time of the appearance of the hernia the patient began to suffer with asthma. She had frequent attacks of asthma, and then the patient became aware that she was gettinng worse so far as the hernia was concerned, and the asthma was getting so bad that it was impossible for her to go to bed. The patient told me that she had been to bed three times in twelve years, and had not been to bed at all during the last nine years. Once, five years before my introduction to the case, she had had a treatment known as the injection form for curing hernia, and as a result of this a very large abscess formed; following the treatment by injection, the hernia remained reduced for a while and she, at this time, was kept almost in a reclining position; but when she began to sit up or walk about, the hernia returned as bad as ever. June, 1903, the patient found herself in this deplorable condition: Asthmatic breathing all the time necessitating her sleeping in a chair with her head bent forward on a neighboring table, and an almost perpetual cough, so that in the sitting posture and in the act of coughing the hernia was rapidly growing larger. The distress in the abdomen was geting to be as bad as that of the asthmatic breathing, and fearing strangulation might take place, or worse yet, complete rupture of the abdominal wall, some time during her paroxysms of coughing, she sought relief through operative measures. If any of the surgeons present have ever had to care for a hernia case complicated with asthmatic breathing and inability to lie upon the back, and have watched the hernia grow larger and larger day by day and see the suffering of the patient increase constantly, both mentally and physically, they will realize something of the position in which I was placed. I had no doubt of my ability to operate upon the hernia successfully, but I had nothing in my list of remedies that I had confidence enough in to cure asthma, so very reluctantly I accepted the case and promised to do the best I could. The operation had only one feature out of the ordinary. The abscess spoken of, resulting from the injection method, had left deep cicatricial bands connecting the omentum with the abdominal parieties, so that in making the first incision it was very, very difficult to get a line of cleaveage, or to find a way into the abdominal cavity, without separating the margins by long incision. I wished to make as short an incision in this case as possible. The patient did well under chloroform anæsthesia, giving us no trouble during the two hours of operating; finally the work was completed in a satisfactory manner, and the patient put in bed, and to guard against the waking and the return of the asthmatic breathing, I gave a hypodermic injection of one-fourth grain of sulphate of morphine.

Results.—A recovery without any return of the asthmatic breathing, and since June of 1903 the patient has not had, to the present time, a return of the asthma. In this report, three things are noticeable:

I. The coming on of the asthma with the beginning of the hernia.

II. The aggravation of the asthma at the time of the abscess, due to injection methods.

III. The complete cure of the asthma with the cure of the hernia.

Third case. Mrs. B., the mother of ten children, and while carrying the last child, in lifting a very heavy pail of garbage, she suffered a rupture of the linea alba, and a small hernia resulted. This linea alba hernia presented very few characteristics, and would not be mentioned in this report but for this one circumstance, the injury happening at the time of advanced pregnancy. I do not care to detail further, but would call your attention to this fact that I have observed, and give it to you for what it is worth:

In these cases of distention of the abdominal wall where the mother has little or no chance to protect herself from external traumatism when these injuries take place there is very apt to be left an abdominal wall very thin and lacking in the characteristics of support.

The method of operating that I have found best is the method described by Ochsner, in his admirable Clinical Surgery, where he gives the keynote to the operation to the repair of the fascia, by lapping the denuded fascia, rather than by approximating the cut edges of the fascia. This lapping of the fascia has, in two cases recently operated, been productive of very great good to the patient, as the cover over a weakened linea alba has been made twice the thickness of the fascia rather than a single thickness by the method of approximation. It is not my purpose to talk about the operation more than to describe it; but in these forms of hernia too much care cannot be used in seeing to it at the time of operation that a very firm, substantial repair has been made before the patient is placed back in bed; and secondly, to see to it that the operation is carried on with the most scrupulous form of cleanliness, so that there shall be no possibility of abscess.

Experience has also suggested to me in the effort to unite the tissues firmly, the stitches that have been taken are apt to be tied too tight, thus producing a form of suture necrosis that defeats the very object which placing the stitches seeks to accomplish.

As to the time to repair the hernia of the linea alba, without exception it should be done at the earliest possible date after the hernia has been discovered.

If you will bear with me in a few moments more, let me say that my note-book contains the history of a case operated upon by Dr. Battey, of world-wide fame, the patient being a particular friend of his and of the doctor's wife; and in their anxiety for and the delight in the recovery of the patient following ovariotomy, took her to ride on the seventh day after the operation in their carriage, the doctor driving. The result was hernia in the linea alba, and the patient was an invalid for twelve years following; atrophy of the parts involved that should go to make a strong abdominal wall, so that the second operation was a success lasting for about eleven months; then the patient hurrying up stairs, slipping, the wound tore open, and she still has a hernia.

My note-book also contains the history of a girl fourteen years of age. When she was thirteen years of age she had a diseased tube and ovary removed, due to gonorrhœal infection. On the third day the abdominal stitches were removed, the patient was ordered to sit up the day following, and to dress herself and leave the hospital on the seventh day.

Result.—In one week's time a hernia in the linea alba. The patient came under my notice a year later, and I repaired the hernia and kept the patient in bed for four weeks. It is now nearly one year since this operation, and the patient is thoroughly cured.

My note-book also shows the necessity of a constant watch or care over a case to prevent subsequent hernia. One third of July I operated on a patient for the removal of an ovarian cyst; the operation was successful in every way; the patient was left alone during the entire forenoon of the next day, July fourth; a thunder shower came up in the morning, and while my patient was asleep a very severe thunder awakened her with a start, and she jumped from the bed and ran to a neighboring room; the result was one stitch tore out, and while her hernia was not marked at the time the abdominal opening was so weakened that in a year's time a well-defined hernia in the linea alba was present. This I repaired. I found complete union with the exception of the one stitch. One year later the patient was making her living by sewing carpets at a large wholesale carpet store. Handling these heavy carpets was hard work, but she said the hernia had not made its reappearance. [Southern Hom. Association.]

THE SURGICAL TREATMENT OF APPENDICITIS.

BY O. S. RUNNELS, A. M., M. D., INDIANAPOLIS, IND.

The surgical treatment of appendicitis is no longer question for debate. The long-waged controversy between the advocates of expectant treatment pure and simple and surgical treatment early and invariable has been decided emphatically in favor of the latter. No one who has made post-mortem examinations of all cases dying in his practice from inflammatory abdominal maladies of whatever diagnosis, or who has had frequent opportunity to witness the findings at surgical clinics now everywhere accessible can defend the failure to utilize the early hours of every such degeneration in making surgical extirpation of it.

We still are shocked, it is true, by the occasional advocacy and defense of medicinal, expectant and Christian Science treatment of appendicitis; or rather, I should say, of what is supposed to be such at the time; and by the calmness and assumed wisdom exhibited by some practitioners in the presence of uncertain diagnosis and while they wait for abscesses to form in the abdomens of their patients. But all such misguidance is doomed to short continuance. The bright light that is being shed on this problem by open exploration in thousands of cases

today is sufficient to dispel prevailing ignorance and to convince every on-looker that intra-abdominal abscesses and the multifarious destructions of tissue resultant therefrom are bad things to have in the abdomen, and that the ideal procedure is to take that step at the beginning that will remove not only all doubt as to diagnosis, but every vestige of the malady as well. And by this I mean the employment of surgery before the formation of pus, and while there is little hazard to life and tissue.

Let me repeat that the day is here when all waiting and procrastination in the employment of treatment other than surgical in the early hours of appendix-embarrassment is under heavy indictment; when all such procedure must be looked upon as mal-practice of the first order, and when pus in the abdomen of any appendix-case, or case similar to it, that has been under the care of a practitioner since the beginning of the malady, or in most cases, since a time within twenty-four hours thereof, must be regarded as a stigma upon that practitioner—providing always that his counsels have obtained. In every such pus-event some one has blundered and that one is responsible for all that may follow. The practitioner who permits himself to be lulled into a state of serenity at such a time by any siren's song of safety, or who allows himself to be swayed by any teaching relative to greater safety in the treatment of appendicitis without the aid of surgery, is condemned by the consensus of all up-to-date opinion.

The fact that some cases of appendicitis recover, for the time being, and that others succeed in living, after experiences long and devious or short and perilous, regardless of the erroneous policy of waiting for nature to cope with the dangerous evolution, does not alter the premises. For the facts are that the origin of the sepsis that is responsible for intra-abdominal inflammations cannot be predetermined invariably; that sepsis from perforations of gall-bladder, of duodenal ulcer are not infrequent, and are productive of inflammatory conditions closely simulating appendicitis; that other morbid processes such as those incident to intestinal strangulation, to cancer of the appendix, to complications with Meckel's diverticulum, to abscesses in the peritoneal cavity not related to the appendix, and to other pus-processes related to the pelvic organs and the appendix alike, are very often the occasion of the illness to be treated. It is on these accounts that the diagnosis of appendicitis is in many cases very hard to make. Frequently a surgical diagnosis is all that is possible beforehand. Many excellent diagnosticians have failed to determine the exact condition without open exploration.

But, granted, that the appendix is the veritable piece of anatomy affected, it is still impossible in many instances, by palpation or otherwise, to determine the exact stage of the degeneration; or to tell whether the appendix is gangrenous, perforated or safe to wait upon. The onset of the symptoms in many of the cases is synchronous with the ejection of a quantity of virulent matter upon the plane of the peritoneum through perforation of the appendix, the duodenum or the ball-bladder. The peritoneum is bathed thus early to a greater or less extent with infectious fluid and peritonitis, generalized or localized, is the inevitable result. If the bacteria thus spawned upon the peritoneum happen to be of the less septic varieties, such as the coli communis, the patient may have a fighting chance; nature may have time for defense in the making of adhesions or the walling-off of the abscess—a performance so fondly waited for by some practitioners—and in endeavoring through weeks and months, if the fight can be continued, to bore a hole somewhere for the evacuation of the pus. If the bacilli, that have found their culture-bed among the intestinal loops, happen to belong to a virulent and venomous species, such as the streptococcus, the battle is lost in all probability, regardless of any endeavor of art, and it is a question only as to how soon the death certificate shall be signed. Whether there has been perforation or not is practically immaterial, as bacteria can make unimpeded passage through devitalized tissue and are well-nigh as potent for mischief without perforation as with it.

But providing that nature is able to declare a quarantine against such an invasion and conduct a defense for an indefinite time, her exercise under such stress is very often pitiful to contemplate. Her makeshifts in the management of pus-accumulations within the abdominal cavity are not always satisfactory and cannot be regarded in any instance as an ideal procedure. The days, weeks and months of hazardous illness in cases expectantly treated; the uncertainty as to the evolution of the degeneration as the case progresses and whether there is to be general suppurative peritonitis before the end, or discharge of the abscess through the bowel, the bladder, or at some indeterminate point, are factors in the discussion that have filled many a doctor and many a patient alike with dismay. The fecal fistulas and sinus openings resultant from this originally simple difficulty are not ideal conditions to deal with at the best and are sometimes wholly irremediable as every surgeon knows.

How much better and more attractive in every aspect is the absolute certainty of diagnosis obtained through an exploratory opening in the abdominal wall at the beginning of the symptoms and the effective quarantine that one can establish in all such cases by the removal of the pathogenic magazine before its death-elements have been scattered. It is then a question of but a week and a half in bed, there is absolutely no illness, and certain recovery can be counted upon at a given date in every case. It is no longer a matter of debatable opinion as to the relative superiority of surgical over medicinal treatment, inasmuch as recovery can be counted upon through the intervention of surgery in all opportune cases. Record has now been made of sixteen hundred consecutive non-septic cases surgically treated without a death. And so far as my own experience goes, there have been no deaths except those extensively pus-infected before the employment of surgery.

After surgical treatment there is no suspended sentence. The dread uncertainty of recurrence present in the minds of all who have recovered by the expectant method—a dread based upon the certainty of having appendicitis again and again and again in 80 per cent. of all the cases once affected, no one ever being sure that he is of the number of those covered by the remaining 20 per cent.—is a thing

foreign and unknown to everyone who has been surgically cured.

It is an indisputable fact that the appendix vermiformis is a vestige or relic of elongated cæcum useful in earlier stages of evolution, and at the present time to most quadrupeds, but of no physiological use to man; that it is crippled anatomy, a decadent piece of intestine with embarrassed function throughout life, and that its removal at any stage of existence is an immeasurable benefit to its possessor. This is proven by the universal experience of all who have had the appendix extirpated—no such person being found who has not had better health after than before the operation. It is true, also, that no case of appendicitis develops in an hour or suddenly and without prodromic experiences. In every such case there is a record—if you will only write it—of often repeated expressions of alimentary canal difficulties wholly due to the embarrassments of the appendix. The individual has not been vigorous perhaps, from birth; his nutritional processes have not been properly performed; often he has a lean and pallid look; has frequent indigestion and may be a sufferer from constipation or diarrhœa. The chief characteristic, however, in cases of chronic appendix embarrassment, is a sensitive stomach—indigestion is frequent, or of prolonged duration and vomiting of food is a not unusual incident.

Attacks of pain anywhere in the trunk of the body but localized secondarily in the stomach and at McBurney's point, and accompanied with vomiting and fever, are to be regarded always with special reference to the appendix. Tenderness of the appendix can be verified usually in all chronic cases of this kind; and if it cannot be proven at one time it may be at another, as the cripple in question has its periods of quiescence.

Of course, gall-bladder complications and stomach and duodenal ulcers and pelvic pus-tubes and neoplasms with twisted pedicles are to be differentiated and excluded; but it is very remarkable how frequently these maladies are found in association, in which case the appendix may have played a no inconsiderable part as the leader and propagator of the entire series of retrograde processes.

The Interval Operation, par excellence, is the one that is performed very early in every such experience—as soon thereafter as definite symptoms of the foregoing character have proven to be stubborn under a short course of expectant treatment and before there has been any prolonged expression of acute infection. We must learn to talk of embarrassed appendices rather than of appendicitis—or of peritonitis, using the more correct term. We must educate ourselves and all concerned to detect the oncoming malady and to employ prophylaxis when the full fledged disease is yet a long way off. When that day of light shall have fully dawned the mortality of appendicitis will be a thing of the past. Extirpation early and invariable will be the rule of action. The masses of the people will learn to take advantage of the knowledge and experience gained and will make willing choice of the surgical route. Their frequent disinclination to do so now is due to the unfortunate quibble going on in the medical profession antagonistic to surgical treatment and having for its basis the woful results often experienced in eleventh-hour cases; when the opportune time for ideal surgical treatment has been allowed to pass unimproved; when the abdominal cavity has been found to have extensive infection progressing within it and when it has been a race between death and the surgeon, with the odds greatly in favor of the former.

It is becoming better understood that there is a time in the course of appendicitis that must be utilized, if good results are to be obtained, and that disaster is to be charged to the one who fails to make that utilization. While fatalities still do follow surgical procedures in certain desperate cases of appendicitis, the fact remains that more than ninety-nine and a half per cent. of all cases thus affected will recover under timely surgical treatment. It is a fact also that in most cases far advanced the greater safety demands immediate surgical intervention and the mitigation of infectious processes of immeasureable gravity; and that with few exceptions it is better to operate than to wait, it is better to make puncture for the evacuation of the pus than to force it to burrow and break into uninfected areas.

If I were more concerned about my professional standing in the estimation of some than the possibility of rescuing a fellow mortal from great peril, I would exclude from surgical treatment all cases of this kind that are extra-hazardous and apparently moribund. But I remember that many such imperiled persons have been saved by a brave surgeon who has cared more for the salvation of a life, certainly lost without his help, than for anything that superficial people might say in condemnation of him in case his attempt should unfortunately not succeed.

When all practitioners shall cease to make wrong diagnoses in the presence of acute vomiting with abdominal pain, tenderness and fever, and shall no longer waste hours and days of time at the beginning of such a malady in sleepy blindness or in criminal equanimity while they witness the formation of "beautiful" abscesses within peritoneal cavities, their patients thus affected will gladly avail themselves at the opportune time of the safety afforded by surgery and such a thing as appendicitis mortality will be come ancient history. [Southern Hom. Association.]

October 26, 1904.

522 N. Illinois, St.

HERPES ZOSTER MASKING CHRONIC CATARRHAL APPENDICITIS.

BY H. F. BIGGAR, M. D., CLEVELAND, O.

Herpes zoster in patients of advanced age has, to the writer, proved formidable. It usually happens in persons of enfeebling constitution, complicated with neuralgia of chronic neuritis, and in some cases the pathological disturbance is in a ganglion of the posterior root of the spinal nerves. If it appears on the chest it follows the course of the intercostal nerves, and may be mistaken for pleurisy. If it appears over the liver the posterior roots of the nerves are the foci, and its location may be mistaken for serious liver difficulties.

The following anomalous clinical case was very obstinate and perplexing, and at the same time in-

teresting and instructive, especially as to determining the locality of the pathological disturbance, and it was only after weeks of observation and treatment that the real condition was revealed, and then only after an exploratory incision of the abdomen.

Mrs. B——, æt. 55, general health not very robust. Ten years ago the writer removed a fibrous tumor from the rectum, from which recovery was complete. For the past few years has suffered more or less pain in the left ovarian region, simulating congestion of the ovary. Last February herpes zoster appeared on the right side over the liver, and for a few days at the beginning of the attack was under the care of a neighboring physician. When the writer was called the following conditions presented: Eruption on right side between the 7th and 9th ribs in mid-clavicular line; the suffering at eruption was intense, and very severe on deep palpation, the stomach was much disturbed, large quantities of gases were eructated, intestinal indigestion very pronounced and bowels severely constipated. At the first visit fortunately told the patient that her sickness would be prolonged, for her symptoms were unusually severe. The usual remedies and applications were restored to for fourteen weeks, during which time her condition was variable, and from the symptoms, became suspicious of an abscess of the liver, which were, apparent fluctuation on palpation between the 8th and 9th ribs, deep-seated pain in the liver, and the blood count which was found to be 11,500. The patient was taken to Lakeside Hospital, where hot poultices of flaxseed were applied, and within forty-eight hours, to the surprise of all, the blood count was normal. The pain over the liver was not constant but greatly aggravated by pressure, At times was jaundiced, urine dark, fæces light with liver spots on the body.

Consultation was held, the consultant deciding that the severe pain was neurotic, as is sometimes associated with herpes zoster. The X-ray was resorted to as adjuvant treatment with some slight benefit. The locality of the pain now suddenly changed from the liver to a point midway between the umbilicus and cartilage of the 9th rib, where the gall bladder is usually found, and by palpation the gall bladder appeared to be involved. The patient readily consented to an exploratory operation, which revealed a normal gall bladder, except that it was displaced upward, and a normal liver, but a mass of adhesions were found in the region of the gall bladder, and in the centre of the mass was a catarrhally inflamed appendix, displaced upwards about eight inches. The adhesions were broken up, and the appendix removed. The patient recovered nicely from the operation, and from that time there was a gradual improvement of all the complicated conditions.

The medication previous to the operation, for the eruption, was Rhus, Arsenicum, Belladonna, Mercurius corrosivus, Lycopodium and Nux vomica, as seemed to be indicated, with an external solution of Cantharis, and for the intense pain painting the vesicles with the oleate of morphia, 8 grains, and vasogen, ½ an ounce.

Hughes says that Mezereum is valuable for the pain and the itching, also Apis, Ranunculus, Cistus and Dolichos pruriens. There are three prominent symptoms which assist in the diagnosis, when in doubt, whether it is the gall bladder, or the appendix, or a renal calculus that is involved, and are as follows: When the pain extends from a point midway between the umbilicus to the inferior angle of the right scapula the gall bladder is very likely to be involved; when the pain extends from "McBurney's point" to a point a little superior to the umbilicus the appendix is involved, and when the pain extends from the kidney down the genito-crural nerve expect a renal calculus. It is difficult to differentiate between some of the diseases of the gall bladder and those of the pancreas when there presents a similarity of symptoms. If in doubt have the fæces carefully examined, and if the neutral fats are found to exceed 75 per cent. of the amount taken per mouth, it is strong evidence that the pancreas is involved. To know accurately, the amount in milk or other forms of food taken should be accurately noted. The definite quantity of fats given should be known, so that the amount of fatty acids and neutral fats in the stools may be determined. It must not be forgotten that the excess of fats in the stools may possibly be due to the poor fat absorption from the absence of bile. The 75 per cent. of neutral fats found in the stools while only presumptive evidence should be carefully considered.

In this patient for four or five years the pain was in the left ovarian region; since the removal of the appendix this pain has subsided, which the writer cannot satisfactorily explain. How frequently in ovarian diseases is the pain on the opposite side from the diseased organ, and when the diseased ovary is removed the pain subsides. Is it not also true that occasionally though the appendix may be normal in position the pain is in the sigmoid locality; It is stated by a rectal specialist that a full sigmoid extends over to the right side; if so, it may afford a solution of the question.

Obstetrics.

VOMITING OF PREGNANCY.

BY W. E. REILY, M. D., FULTON, MO.

In the practice of obstetrics there is probably no one condition which causes the physician more trouble than the vomiting.

We are consulted early in the pregnancy in regard to this distressing condition and the importunities seldom cease until the condition is relieved or the pregnancy is ended.

In those cases in which the female organs are in a perfectly healthy condition we usually find very little trouble in controlilng the symptoms with the indicated homœopathic remedy, and the patient goes on to a very comfortable term, but there are so many cases in which the condition of the organs is the prime cause of the reflex symptoms that I have made it the purpose of this paper to discuss this class of cases.

I have found from the thorough investigation of a series of cases that almost, without exception all those cases which did not yield to the carefully selected remedy within a seasonable time were cases in which there was either induration or ulceration of the uterine cervix, and that they yielded very readily to appropriate local treatment and caused no further trouble.

I have seen the stomach symptoms vanish like a dream after two of three applications to the indurated cervix when I had been wracking my brain for days in an endeavor to work out the similimum of the case from a standpoint of internal medicine, and I have never seen any considerable return of the symptoms after such treatment had been properly applied.

Of course, we all know that the digestive derangements of pregnancy depend largely on the condition of the bowels, and that the regulation of the bowels is frequently all that is necessary in order to regulate the digestion and control the nausea and vomiting, but there is a very large number of cases that come into every practice in which the condition of the genital organs themselves is the more important factor in the production of this set of symptoms, and, as a consequence, no treatment can be successful until the condition of these organs is attended to.

My attention was first called to this condition by a case which had baffled all of my efforts to control the vomiting.

The woman had gone through one previous pregnancy and nearly lost her life on account of this trouble, so she came to me as soon as she felt the first symptoms along this line. I tried the indicated remedy, took and retook my case, and still accomplished nothing until in my extremity and hers I examined her, thinking that I might possibly discover something that would help me out of the trouble. I found the cervix badly congested and indurated, and some slight erosions thereon, so after cleansing it thoroughly I applied some Iodine and tamponed the vagina with an Ichthyol tampon and continued my remedy. I repeated this treatment three or four times, and the stomach symptoms were gone to stay.

I have since found it frequently necessary to use Silver nitrate or Iodine on or within the cervix, and then tampon with Ichthyol or Boroglyceride in order to secure the speedy relief of these symptoms, and I have been uniformly successful.

What is your experience? [Southern Hom. Association.]

Clinical Medicine.

"ANÆMIA INFANTUM PSEUDOLEUKÆMICA." A POSSIBLE CASE.

BY G. R. OWEN, M. D., SAN BERNARDINO, CAL.

The case under discussion could not, unfortunately, be subjected to a thorough diagnosis, as the young parents objected to both blood analysis and autopsy. It was seen in consultation several times, and a most careful diagnosis by exclusion suggested this rare and somewhat poorly defined condition. The following history, you will observe, lacks the essential diagnostic points of the several conditions that would first occur to one as leukæmia, marasmus, mesenteric tuberculosis, amyloid spleen or liver, hypertrophic cirrhosis, malaria, rachitis, obstruction.

History.

May 18, '04. Male, æt. 20 months, both family and previous history good. Comes with record of slowly progressive anæmia with gradual enlargement of abdomen of at least five months' duration. Diagnosis, ascites.

Physical Diagnosis.

Skin has waxy appearance, mucous surfaces pale, extremities somewhat wasted, but nutrition fair generally. Greatly enlarged, tense abdomen, considerable enlargement of liver with relatively greater enlargement of spleen; tympany elicited over remaining area. No ascites. Respiration and pulse accelerated and below par. Temperature normal.

Some vomiting of curds, constipation with mucous stools; no icterus. Apathetic; no apparent suffering; fear of being touched. Hunger pronounced. Urine normal. Condition progressed rapidly and child died May 30th.

Definition.

A disease occurring in infants usually in first two years of life, and subacute or chronic in its course. Characterized by moderate enlargement of liver and marked enlargement of the spleen, low erythrocyte count, moderate leucocytosis, low hæmoglobin index; at times enlargement of lymph glands, rarely hæmaturia, hæmatemesis, purpura.

Historical.

As early as 1866 was first described a child with severe anæmia and splenic enlargement of an apparently primary type, and again in 1883 Banti presented cases which he considered as primary diseases of spleen as well as a splenic form of pseudoleukæmia (Hodgkins disease). Since this time numerous cases have been described as "anæmia splenica," "splenomegalie primitive,," "anæmia splenica infantalis," "v. Jaksch's anæmia," and in 1890 at the Pædiatric Congress in Rome as "anæmia splenica infectiva." Somma believing it to be due to certain pathological micro-organisms finding conditions favorable to their growth in the spleen. Von Jaksch, in 1890, described a form of infant anæmia clinically resembling leukæmia, but failing to show its visceral lesion at post mortem. Almost coincident with Van Jaksch's description Hayem described a case, noting many nucleated red corpuscles, some of which displayed mitotic figures. These had been observed by Von Jaksch, who considered them leucocytes containing erythrocytes.

Pathology.

Spleen enlarged and firm, showing hyperplasia of all its elements, sinuses blocked with leucocytes. In the liver capillaries are found small groups of red, and sometimes white, nucleated cells, absence of blood pigment and leucemic infiltration. The lymph nodes are moderately enlarged in about 50 per cent. of cases. Ewing inclines towards the be-

lief that the mitotic normoblasts found in the liver capillaries may indicate the essential nature of the condition, believing that the liver, under the influence of grave anæmia or toxæmia, resumes its embryonal function of forming red and possibly white cells.

Hæmatology.

Red cells are markedly diminished, averaging from 3,500,000 to 1,500,000, and showing the ordinary anæmic deficiency in Hb. poikilocytes, microcytes and macrocytes are present, which, however, are common to all anæmias. One of the most characteristic features is the excessive abundance of nucleated red cells. These occur, of course, periodically in anæmia, constituting the "blood crises" of V. Norden, but not in excess, nor as a constant feature. White cells number between 20,000-50,000, the mononuclears being slightly in the majority. Eosinophiles are plenty.

The difficulties attendant upon the study of this condition are evident when the characteristics of infant blood are considered, e. g.: (a) The hyperæmia of the marrow associated with rachitis. (b) The relative lymphocytosis. (c) The tendency towards enlargement of the spleen in all chr. anæmias of infants. (d) The more active leucocytosis excited by chemotactic influences. (e) The facility with which blood formation in infant partially regresses towards the embryonal type.

As regards clinical history, the most reliable symptoms are the chronic course; frequent association with rhachitis, syphilis or chronic intestinal catarrh; the pronounced enlargement of the spleen, and negatively by the absence of the distinct features of leucæmia, pseudoleukæmia, grave anæmia with ordinary leucocytosis, and anæmia perniciosa. The proportionately low leucocytosis and absence of enlarged lymph and excess of myclocytes (20 per cent.) would exclude leukæmia, while the absence of pronounced enlargement of lymph nodes would differentiate it from pseudoleukæmia. It lacks the relatively high Hb. index, the presence of megaloblasts in large numbers, and possesses a more distinct leucocytosis than anæmia perniciosa. There also exist a condition, leukæmia, an apparent link between leucæmia and anæmia perniciosa, which possesses leucæmia visceral lesion, gingivitis, fever and extreme diffusion of marrow.

Practically these same blood changes (those of secondary anæmia) may occur in other conditions, accompanied by enlarged spleen, as in rhachitis with splenic hyperplasia, so that the diagnosis should be limited to those cases which show no adequate cause for a grave secondary anæmia.

Prognosis.

Grave. There have been a very few so-called cases with recovery, but Rotch reports his series as uniformly fatal.

Treatment.

Unfortunately nothing can be recommended aside from the routine treatment in severe anæmia. The dominant school is experimenting largely in the treatment of this and allied conditions; recent reports being noted on X-rays in two cases with favorable results. Also a series treated with antistreptococcic serum with negative results. I was unable to find the exact similia as our provings do not extend far into the field of hæmatology. Could we but establish the homœopathicity of the snake poisons, pyrogalol, and members of the aniline an aromatic series in both subjective symptomatology and definite hæmatology, the benefit would be appreciable. The difficulties, however, are obvious.

The etiology is so obscure that little may be done in the way of prophylaxis. Accepting Ewing's theory that the histological grouping of mitotic normoblasts in the bile capillaries is due to a reversion of the liver to its fœtal function under the influence of toxæmia or grave anæmia, and, inasmuch, as the condition is itself subacute or chronic, and so frequently accompanied by chronic interstitial catarrh, it appears to me that less routine and more careful hygienic and dietetic measures in all infantile digestive troubles would possess a distinctly prophylactic value.

Bibliography.

Ewing, Clin. Path. Blood.
Cabot, On the Blood.
Da Costa, Clinical Hæmatology.
Rotch, Pædiatrics.
Ref. Handbook of Medical Sciences, Vol. VI.
Treat's Med. Annual, 1901-2-3.

TWO SILICEA CASES*

BY J. H. COOK, M. D. NEW CARLISLE, OHIO.

When I sent the title of my paper to the program committee it was two Silicea cases, but more recent developments have caused me to change it to a Silicea case and a case of mistaken diagnosis.

Case 1.—Mr. Q., farmer, aged about 35 years, of good family, and healthy appearance, noticed an enlargement over the 8th rib on the right side two years ago, but as it did not pain him any he paid no attention to it. Six months later, it continuing to enlarge, he consulted Dr. D——, who had him poultice it, and it soon opened, discharging considerable pus. After being open it refused to heal, and he consulted Dr. S——, who treated the abscess for six months by probing, douching, strapping, etc., but without any constitutional treatment. Obtaining no relief, and seeing no change in conditions, he asked for a candid statement from Dr. S——, who replied that absolutely nothing would help him but to go to a hospital and have the rib scraped or resected. Under these circumstances and with the consent of Dr. S—— he came to me. I found I could readily introduce a good sized probe four inches along the upper border of the rib, and easily feel the rough and necrosed bone. A thin sanguinated pus continually exuded from the sore, and the edges looked blue and pouting. Believing that I had a fistulous tract due to necrosed bone to deal with, I assured him I could cure him in four months without any operation. I gave Silicea 3x, a powder, four times a day. Soon the discharge be-

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*Read before the Miami Valley Homœopathic Medical Society, Dayton, Ohio, October 27, 1904.

came less and the orifice took on a more healthy appearance, and so continued until two days before the fourth month was up the wound was entirely healed and has so remained for the last year. No local treatment of any kind was used, and Silicea was continued throughout.

Case 2.—Mr. M., a woodchopper, while felling a tree one year ago last June, was struck by a limb, and his forehead, nose and lip were badly cut. Dr. D—— dressed the wounds, which apparently did well, and healed over in proper time, but the wound on the nose soon reopened, and discharged pus and blood. Proud flesh made its appearance. Dr. S—— took charge of the case, and for eleven weeks treated the wound every day by probing, douching, caustics and antiseptics, and for a year at less frequent intervals he continued his treatment. Mr. M. also consulted some physician in Dayton, and he and Dr. S—— both assured him the trouble was kept up by necrosis of the nasal bone, and nothing but a difficult and dangerous operation would cause the wound to heal. Finally, he came to me, and supposing that after all the probing that they had done they had made a correct diagnosis, I told him I could give him medicine that would aid in throwing off the dead tissue. I did not examine with a probe, but as the discharge was of the same sanguinolent pus, and the edges looked pouting, blue and angry, I decided on Silicea as the remedy. After taking the remedy some time the discharge began to decrease, and the wound assumed a much healthier appearance. I congratulated him and myself that all was going nicely, and that he would soon be well. One week ago last Sunday morning he came in and said he thought there was a small piece of dead bone I could remove which would hasten the healing. I examined with a probe and told him it was not bone, but I would see what it was. Applying a small pair of forceps without very much trouble I extracted an oak sliver 1x½ inches long ¼ inch wide, and ⅛ inch thick by actual measurement. This sliver had passed down along the nasal bone and was buried under the tissues along the malar bone. It had not decayed, but had kept up irritation sufficient to produce all the symptoms from which he suffered. That Silicea was a good remedy was indicated by the improvement which took place in the character of the wound and the lessening of the discharge, but a much better remedy would have been the removal of the splinter in the first place, when Silicea would not have been needed, and one year and four months suffering and annoyance avoided. I examined the case one week later and found it entirely healed up with a comparatively small cicatrix.

CLINICAL VERIFICATION OF THERAPEUTIC LAW.*

BY LEWIS P. CRUTCHER, M. D,. KANSAS CITY, MO.

The school of medicine represented by this assemblage has been from its inception to this hour subjected to divers kinds of vituperation and ridicule, which have sufficed at least to demonstrate that malicious persecution is one of the progenitors of ultimate success. These sensations have progressed from positive charges of "charlatanism" and "rascality" to the present day solemn inquiry: "How would you like to be swallowed?"

One of the subterfuges under which we have labored, and a most tantalizing one, was "The patient would have got well anyhow," and it may be said that this exceedingly plausible explanation for cures by Homœopathy was "worked overtime," and even now in those remote corners, where ignorance and resultant prejudice survive, one may hear this charge in stronger language than such trivialities demand.

The more enlightened of the opposition have come to realize that the same charge could be preferred against them, and that truly they had framed a phrase that was destined ultimately to "ditch" both or all schools of medicine. Furthermore, they realize that the patient did "get well anyhow" (under homœopathic treatment), and it was the "get well" that hurt anyhow.

The foregoing is presented merely for the purpose of bringing out the idea that it is difficult to prove that the majority of cases would not "get well anyhow" and to direct your attention to the essential demand for the report of such cases as present at the outset the least prospect of getting well at all and thereby aid each other in our efforts to demonstrate the positively health-giving, life-saving powers of the similimum. Our conventions and publications give altogether too much of their time and space to the presentation of papers that have to do with the reporting of cases, where the reporter has no other object in view than to startle you with the announcement that he found the similar remedy for some passing ailment, when, in fact, had he failed to prescribe that remedy in a case presenting those symptoms, he would have deserved much less dignified consideration than is realized in the time and attention of his intelligent co-workers.

What we want and need is positive, indisputable verifications of therapeutic law, and when the profession has awakened to this fact our societies will be favored with greater numbers and our journals will be read with far deeper interest.

In keeping with this suggestion your attention is invited to the report of a few clinical experiences that is presented in verification of therapeutic law and not in self-laudation of the prescriber.

For the sake of brevity and owing to the irrelevancy of the details of these cases, you will be given but a generalization touching upon the correct diagnosis, unfavorable prognosis, and the happy disappointment incident to the execution of therapeutic law.

Case 1.—M. H., age 5 years.

In October, 1899, I was asked to prescribe for this patient after four of the leading old school physicians had pronounced the case utterly incurable, and had given the opinion that the fatal termination was a matter of sixty days.

Their diagnosis was interstitial nephritis, with the customary unfavorable prognosis; the unfavor-

*Read before the Missouri Valley Homœopathic Medical Association, Kansas City, Mo., October 5, 1904.

ableness being intensified a little later when they learned that the case had been appealed to Homœopathy. The appearance of the child, the urinary and other symptoms left no doubt as to the accuracy of the diagnosis. Œdema began in the face and progressed downward till the hands, abdomen and lower extremities were distended to the limit.

Careful, accurate urinary analysis made more evident the fact that unless something were quickly done to check the process that was sapping the life of this child the sixty-day limit would not be reached.

The homœopathic remedy was administered, accompanied by grave apprehension on the part of the prescriber, and a little placebo.

Your curiosity would lead you to ask what drug was given, but you shall not know either the drug or the potency, because they come under the head of irrelevant details, since the former would very probably fail to cure your patient suffering from Bright's disease, and the latter might lead some enthusiastic Homœopath to think that old familiar thought "he would have got well anyhow."

The improvement following this medication was little short of marvelous, and it continued for about one month, when on account of the change in the symptoms another drug was administered. This proved equally homœopathic to the condition, and from this time on the patient was allowed to go on to complete recovery without any medicine whatsoever, except the placebo, which was given to the child to help the parents; at this writing, exactly five years later, the patient is attending school, and if he has any symptoms of disease, his parents and his physician are unable to detect them.

"He would have got well anyhow," said those who had charge of the case before I saw him.

Case 2.—E. N., age 7 months.

This patient was given into my hands on July 1, 1904. The diagnosis of the "leading pædologist of the West" was entero-colitis complicated by encephalitis, and the prognosis, death within twelve hours. The diagnosis was correct so far as pædologist of the West No. 2 was able to determine, and the prognosis was not questioned, but rather fully endorsed; at 9 o'clock P. M., the child was apparently lifeless, pulse imperceptible, eyes sunken and "set," extremities cold and clammy, urine suppressed, respiration evident only from occasional faint gurgle, which I was told was preceded during the day by cri encephalique. The lower jaw was dropped, and the tongue was dry and cracked. The original pædologist said it would have been different if he had been called in sooner, and forthwith left the case. His successor thought something like that, but from force of habit or some other power dissolved a few pellets (of what would have been the homœopathic remedy if he had been called in time) into a half teaspoonful of water and poured it down the throat of a child waist deep in the celestial city. The neighborhood women then began to rock themselves again and to await the inevitable. Pædologist No. 2 went home.

The following morning the telephone rang and the father startled me with the announcement that the child was still living, and had seemed to get better from the time the half teaspoonful of medicine went down its throat. My symptathy quickly shifted from the parents to the neighborhood women who must have been "all put out," and in fear and trembling I visited the child again.

Upon my arrival at the bedside I found appreciable improvement in almost every symptom, the respiration was easily perceptible, pulse stronger and regular, although yet very weak, copious urination between 2 and 3 o'clock A. M., skin warmer and of better color, and the neighborhood women had left in disgust (possibly).

The following days contained the irrelevant details in the child's recovery; suffice it to say, she was given nothing but the homœopathic remedies, one at a time, and her parents now see no difference from her condition prior to her "illness."

I shall not burden you further with verifications that to me are indispensable, either under my own prescribing or under that of abler Homœopaths, but shall leave these cases for your consideration, and for you to determine whether they would have "got well anyhow."

Paedology.

A FEW IMPORTANT POINTS IN THE MANAGEMENT OF CHILDREN.

BY W. A. BOIES, M. D., KNOXVILLE, TENN.

One of the most important points to be instilled into the young mother is regularity in the care of the baby.

1st. Regular hours as far as possible in feeding. The majority of mothers are tempted to nurse the baby every time the youngster lifts its voice rather vociferously. As a result the stomach is overtaxed, fermentation occurs and various disturbances of digestion follow. When colic is present, the pain is frequently relieved temporarily by nursing, only to be aggravated later however, and the mother is glad to resort to this apparent panacea, especially if company is present, and, by the way, a very important diagnostic point between colic and earache is that in the former the pain is often temporarily relieved, while in the latter the mere act of nursing, by the movement of the jaws, tends to aggravate the pain after a few minutes' nursing. During the first few weeks in life a baby should nurse every two or two and a half hours, and from twenty to thirty minutes. After a few weeks the interval may be slightly increased. When the baby is six months old an interval of three or four hours may be instituted. It is better to be guided by the clock than to depend upon the child's restlessness. Not only is the care of the baby rendered less tiresome but the mother strength is retained. Regularity applies not only to the hours of feeding but to the bath, movement of the bowels, times for the child to be taken out doors, and last, but not least, to sleep. When the baby is five or six months old the mother may be advised to put the baby on a chair at a certain time each day and it will be surprising and

gratifying to note how quickly the youngster acquires regular habits. The bath should be given at a regular time each day, never within an hour after taking food, however. Every day after the first few weeks of the baby's life should he be taken out doors, unless the weather is too severe. Fresh air and plenty of it keeps many a baby in good condition. Don't allow the mother to give the baby a warm bath and immediately take him out in a cold wind. This may seem useless advice, but it is done nevertheless.

As regards sleep. Plenty of sleep is essential to a baby's health and happiness. During the first few weeks of life a baby should sleep most of the time. When two months old he should be put in his crib at six o'clock every night, and where it is possible, the room should be darkened and kept as quiet as possible. The baby will probably cry to be taken up, and I know it is hard for a mother to hear her child cry. If she goes to him, however, the next night the same condition arises and the baby can't understand why he can't be taken up as well one time as another. This applies to the well child. After crying for a few nights, he soon learns that crying does no good, and will go off to sleep. There are some children where the above may not be successful; but it will be, I venture to say, in a majority of cases if persevered in. Sometimes the child will cry because he is thirsty. He may need a dry napkin, or he may be cold. These matters should be attended to before the mother or nurse leaves him Some will say that may be a nice theory, but it is not practical.

Try it and see, and I venture to say many a mother will thank you for it.

The baby should sleep in a crib, and when convenient, in a room by itself. As regards the dress. The binder, in my judgment, is an abomination after the umbilicus needs no more attention. It interferes with the normal distension of the abdomen, impedes the circulation and is a very frequent cause of colic. Simplicity and the absence of much starch and lace should characterize the young infant's dress. The Gertrude dress, consisting of the three long garments, is most sensible, and I am heartily in favor of it. During the first few months the baby should not see too much company. The brain and nervous system are very susceptible to impressions, and the too frequent attention of admiring friends should not be allowed. Another important point in the care of the infant is the avoidance of the use of purgatives, enæmas, suppositories, etc., to overcome constipation. They only tend to aggravate the condition, whereas the carefully selected remedy, together with the regulation of the mother's diet, will in the majority of cases overcome the difficulty. Speaking of the selection of the remedy, let me emphasize right here the importance of the single remedy and the minimum dose. Try one dose of your Chamomilla in a high potency and wait awhile for results. I have been delighted with its action as compared with the low potency frequently repeated, as I used to give it, and I am sure you will be if it is indicated. Don't give Chamomilla because the patient is a baby, as some doctors seem to do; study your patient, the temperament, constitution, aggravations, ameliorations, etc., and you will be well repaid for the time spent.

The foregoing suggestions may seem commonplace, and may seem better suited for the mother than for the physician.

In my judgment we, as physicians, pay too little attention to this most important part of our work, and as the mother naturally looks to the doctor for advice, a few timely suggestions regarding her precious charge may be greatly appreciated.

BELLADONNA IN BABYDOM.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEB.

I think the use of Belladonna in babydom may be very clear-cut, so that one need hardly err in its prescription. It is, however, frequently used when Aconite or antipsoric remedies are indicated. On the other hand, I belive Aconite is frequently used in this section of the country when Belladonna is indicated. The indications for Belladonna are usually found in sturdy, hardy children who are full of health, who enjoy life, who are delightful children to have about because of the wholesomeness of their physical and mental conditions. But when attacked by illness, the normal amount of blood being present, and, in fact, a possible inclination to plethora, there is an immediate congestion of the central nerve system, a rapid elevation of temperature, an excessive irritability of fibre and frequent tendency to delirium.

In Aconite you find, perchance, these symptoms, but they are accompanied by a marked burning and dryness of the skin. And yet with the sthenic character of the Aconite fever, nevertheless there is a touch of the asthenic, so that there is a more positive involvement of the tissue in Aconite, in other words, an actual involvement, whereas in Belladonna it is more a congestion.

The pains of Belladonna come quickly, seem impossible to stand, are accompanied with much fretfulness or irritability, and when relieved go as quickly as they come. The pupils show characteristic symptoms of Belladonna, as dilation. The cerebral symptoms are always marked. The temperature is usually rapidly high, but presenting that peculiar characteristic, a high temperature with a moist skin. If one places the hand on the child's body under the clothing, the body is moist and seems almost to steam. This is an especially characteristic symptom, and in fevers it distinguishes Belladonna from any other remedy. The pain in the head will be active and throbbing. You remember that it is often said of Belladonna that the patient is sleepy but can not sleep, and this condition you will often find. He seems to be sleepy and drowsy and yet ready to jump at the least disturbance or increase of pain, and does not get restful, quiet sleep.

These are the children in whom you often find convulsions from every slight, feverish temperature, simply because of the acute, positive congestion of the brain. These are the children who are afflicted

with night-horrors upon the least elevation of temperature, or on having played too long out of doors on a cold, wintry, windy day. In other words, acute, sharp congestion of the head in little plethoric patients is usually quickly cut short by Belladonna, or if it is not cut short by Belladonna immediately this ceases to be the remedy when it goes on to actual involvement with exudations.

Further than this, we may remember that it is a good probability that the action of Aconite is in a subtle way through the sympathetic system, whereas Belladonna seems to act primarily through its acute congestion of the cerebro-spinal system. Thus, in cerebral affections of children, and in the cerebral symptomatology of fevers of children, Belladonna is indicated only in those that are the result of asthenic congestion, and it ceases to be indicated just as soon as stupor or other symptoms indicated in blood changes appear.

There is one exception in the indications of Belladonna to the prevailing red face, and this exception is an irritation of the brain that sometimes occurs during dentition and during enteric affections. In these affections the face may be pale. There is an evident irritation of the brain, however, at the same time that there is an irritation of the abdominal organs, but the irritation of the brain is probably meningeal in character and surface congestion is not marked.

In the beginning of abscesses of any part, with beating, throbbing and intense pain, Belladonna may be indicated, to give way, however, to Hepar or Mercurius as soon as pus tends to form.

In throat affections of children, Belladonna in certain ways shows a striking resemblance to Mercurius protoiodide, but lacks the lateness of the disease and the depth of the attack. The redness of the throat is diffuse, bright, and inclines to involve the right side, moving to the left. Mercuric protoiodide has these same characteristics but with a later stage and tendency to follicular ulceration or supuration, and presents with it the yellow tongue, heavily coated and tending to be puffed and showing indentations of the teeth, instead of the Belladonna tongue, which is much less heavily coated, whitish in character, and inclined to show its red papillæ, giving it the old name of the "strawberry tongue." If given in the very early stages of a follicular tonsillitis or of a supurative throat (quinsy), Belladonna may cut the disease short, but unless it does this promptly it ceases to be the indicated remedy, and it is never the properly indicated remedy in diphtheritic conditions after exudation appears in the throat.

Belladonna is probably repeatedly abused in scarlet fever, given in a routine way and without proper indications. It should never be given in scarlet fever unless the throat and the eruptions are of a bright diffuse hue. There is no tendency to the punctate eruption in Belladonna. It is true that in this typical character of eruption in the throat with the hyperpyrexia and constant stupor we may have Belladonna indicated, but this is where, mark, this stupor is due to the acute and excessive congestion of the nerve centers and not to the condition which may obtain later, the septic condition of the blood; but even in this stupor it is a keynote that the patient is always delirious, twitching and jumping and never lies passive. These cases should be well studied, for there is no disease in which Homœopathy has done more or in which its possibilities are greater than in scarlet fever if we are fortunate enough to apply the indicated remedy.

In case of failure of Belladonna with this symptomatology there are two remedies to be especially thought of, remedies, too, which I think are rarely prescribed by physicians, but which, if properly indicated, work wonderful results, and these are Sulphur, where in spite of the apparent indications and the exhibition of Belladonna, the patient fails to improve, the fever remains high and eruption probably a trifle incomplete; and Calcarea prosphorica, where, perhaps, there is a slight alleviation with the coming out of the full eruption, but with almost immediate exacerbations and hyperpyrexia, accompanied by a tendency to an early fading of the eruption and scantiness in the action of the kndneys.

In children Belladonna is indicated in enteric troubles, in dysentery, the discharges being slimy and bloody with apparent great pain in the abdomen, coming and going suddenly and causing the child to bend backwards, almost opposite to Colocynth. These attacks are almost always the result of warm days, cold nights, improperly protected abdomen and consequent chill. This pain is probably due to an acute congestion of the mucous membrane of the intestine, resultant change in secretions and a consequent irregular peristaltic action. The inclination of the child to throw himself backwards causes a tension followed by a relaxation of this irregular peristaltic action, and hence temporary relief, whereas in Colocynth the doubling up position, which is such a favorite one, is undoubtedly due to the fact that steady pressure aids in favoring peristaltic action where there is inclined to be entire cessation of it in the lower part of the illium.

Let me urge once more that it is altogether probable that Belladonna is a very properly indicated remedy in our climate, that Gelsemium is another, Ferrum phosphoricum another, and that Aconite is rarely indicated in the character of affections that we find in the Central West. [Mo. Valley Ass'n.]

Materia Medica.

RESULTS OF BORAX EXPERIMENTS BY THE UNITED STATES DEPARTMENT OF AGRICULTURE.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

For the purpose of determining whether certain food preservatives are deleterious to health, the United States Department of Agriculture last year conducted a series of experiments quite analogous to the homœopathic method of proving drugs. I wish to review briefly as possible the report that has been made, hoping we may learn something aside from the fact that borax and boric acid are deleterious to health.

Tests Upon Animals.

We have never attached much importance to experiments made upon animals, although many useful therapeutic as well as physological and pathological analogies can be drawn between man and brute. Animals are like children or foreigners whom we can not understand. We must be guided by their objective manifestations almost entirely. The advantages of animal provings would be that the tests could be thorough, the subjects would be under complete control, the food, excretions and objective symptoms can be noted more closely, they can not dissimulate or display fanciful mentalities, and at the end, they can be killed with the view of observing tissue changes not detectable otherwise. The objections are obvious. Their organisms are different, but I doubt if any more different in some regard than the organisms of a baby from those of a human, senile adult. Their mental status is perhaps about on a par with the lowest grade idiots, and their nerve ganglions are not so highly keyed as in the normal human specimen. The Government experimenters soon found that they would have to do the most of their experimenting with human animals. Unlike lower animals, men can not be so well controlled, having to be put on their honor. It was demonstrated that a transgression in habit, diet and method will vitiate an experiment, that educated people engaged in scientific study are more reliable and less imaginative and will live up to rule and restriction more intelligently than any other class of provers.

Mental Attitude.

To my mind the part of the Department's report upon the mental attitude is of great importance, as it exemplifies experimentally that mental states are induced very easily by imagination. It illustrates forcibly how in giving weight to alleged effects made by drugs upon the mind, very careful discrimination must be made to distinguish between the real and the imaginary. It goes to show that symptoms in which the sensorium and the mind play a part need a great many verifications. In fact, the whole group of subjectives requires careful scrutiny to avoid an unintentional deception. The experiments verified by scientific methods that the personal attitude of the experimentee influences the progress of digestion, absorption and elimination. Disagreeable environment, mental depression, bad news and other unfavorable conditions influence the effects of the drug impressions as well as the vital activities. A careful consideration of the mental attitude made it clear that it would be impossible to conduct the experiments in any way which would exclude from the knowledge of the participant the fact that the drugs were being administered. The question also arose whether the drugs should be given openly or whether they should be concealed. Both methods received thorough experimental trial. When the preservative was mixed with the food in such a way as to conceal its physical appearance, a certain dislike of the food in which it was supposed to be was manifested by some of the members of the table. Those who thought it to be concealed in the butter were disposed to find the butter unpalatable. and the same was true of those who thought it to be in the milk or coffee. When the drug was given, on the other hand, with the full knowledge of the subject, much less disturbance of mind was created. When the subject became used to the fact that he was taking a preservative, it was apparent that the effect on the mental attitude was not at all noticeable unless real. If an experiment were continued only a few days it was evident that the mental attitude would be a matter of much concern, but when from thirty to seventy days were employed in one series of observations, and especially when the observations were continued for several months, this effect wore away so that the final days or weeks of the tests evidenced nothing but the actual habitude. The young men were cautioned to avoid discussing the development of any symptoms which they might notice among themselves, and were urged not to dwell upon any indications of abnormal conditions which they might experience, but to keep their minds employed on their usual vocations and to avoid thinking, as much as possible, about the experiments which they were undergoing. In this course of procedure the effect of suggestion and imagination were reduced to a minimum. It is the mental attitude particularly where experiments upon lower animals exclude all effect that it might have upon the non-mental organs of the body. I have in this paragraph used much of the exact language of the report, only interpolating such suggestions as it seems should be carefully heeded in our own attempts to prove drugs upon imaginative beings.

Method of Conducting the Experiments.

Each volunteer had to fill out a blank upon beginning an experiment, to make frequent and exact reports in his own language, to submit to pointed questioning and to physical and searching examination. He had to answer questions relative to date of birth, previous condition of health, liability to indigestion, use of tea, coffee, tobacco, wine, beer and other alcoholics, the regularity of his bowels, hours of defecating and urinating, time of going to bed, hours of sleep and physical exercise. All applicants who used alcohol were excluded. Users of tobacco were accepted on condition that a statement be made covering the quantity consumed and method of using. They had to agree, among other things, to continue the use of tobacco regularly at their usual rate during the entire period of proving or be rejected. Each prover had to agree to the following: "I hereby agree, on my honor, to follow implicitly the rules and regulations governing the hygienic table of the Bureau of Chemistry during the time that I am a member thereof. I agree, during my attendance at the table of observation, to use no other food or drink than that which is provided for me, with the exception of water, and that any water not used at the table will be measured and reported daily as a part of the ration. I further agree that I will continue to be a member of the hygienic table for a period of at least six months, from December 1, 1902, unless prevented by some illness, accident or unavoidable absence. I agree to continue the regular habits of my life, to indulge in no unusual excess of labor or exercise, and if tobacco be used it

shall be used at such times and in such amounts as will be agreed upon between myself and the chief of the Bureau of Chemistry. I further agree that I will not hold the Department of Agriculture, or any person connected therewith, responsible for any illness or acidents that may occur during my connection with the hygienic table."

The hours of meals were fixed, the bill of fare was regular and uniform, being furnished by the Department. The periods of experimentation were three, and the time assigned for each period thirty to seventy days. During the entire time the necessary rations of each tester were determined, carefully weighed or measured. The drugs being tested were administered at different periods in different amounts. The quantity was at first very small and was increased at different times. For each variation of the quantity given a separate study of the effect was made. A medical officer was detailed by the Surgeon General to supervise the testings. Determinations of bodily temperature were made at regular intervals. An attempt was made to control all the avenues which might lead to any useful information concerning changes, even of a minute character, in the functional activities of the body. Whenever one individual in the class noted any marked variation from normal he called upon one of the superintendents to verify upon other testers the experiences he had had. This precaution was taken in order to detect spurious symptoms and prove up results. Records of bodily weight were kept and samples of secretions and excretions were carefully examined and analyzed frequently.

Homœopathic Utility of the Tests.

Perhaps some one is asking himself what all this amounts to being introduced into a bureau of homœopathic Materia Medica instead of in dietetics, hygiene or toxicology. Of course, the tests were made for no other purpose than to determine if certain articles employed commercially as food, preservatives are harmful to the health of consumers. It appears to me that aside from the original intention of the tests, the methods and findings are of considerable moment to us as experimental therapeutists, especially so at this time when so many questions are being raised about the reliability of our original provings, and when reprovings are contemplated under the auspices of our national body. The methods of making the tests on the part of the government are such as should be employed in making drug provings if we are to get out of experimentation upon the healthy subject all there is in it of value. These methods would probably eliminate some of our supposed symptoms, especially in the class of modalities, and would on the other hand enrich our categories with useful additions. The method is thorough and so carried out as to exclude nearly all errors; the paragraph upon mental impressions is of special practical value. Aside from the technique of the tests which, so far as I can discover, is the most painstaking, thorough, exhaustive and impartial that any governmental institution has undertaken, the findings can be translated into our system and used as verifications and additions to what we know, or thought we knew, before about the drugs employed.

Identity of the Government and Hahnemannian Method.

The general scheme of making tests upon healthy human beings employed by the Government is perfectly familiar to us. It has been in vogue among Homœopathists for a hundred years. In Hahnemann's time laboratory methods and appliances were uninvented. He discovered, however, what other therapeutists have even to this day virtually failed to recognize, that drug tests to be of scientific value should be made upon normal human subjects. So far as accuracy is concerned, it is not surprising that he might have committed some errors, but considering the time, the errors are certainly pardonable. While profiting by cases of accidental poisoning, our work has almost entirely been done with volunteer testers the same as the Government has used. What we can learn from the tests lies not in the originality of the system but in the precautions taken against spurious symptoms and the exact technique of the physiological and chemical laboratories. There is no reason why the same advanced method can not be employed in our experiments; in fact, modern medical methods require a refinement and technical discrimination that was not possible when the most of our original provings were made. Surely the committee of the American Institute that has under advisement the revision of our Materia Medica will take advantage of what the Department of Agriculture has done to systematize and make reliable the investigations of drug actions.

Therapeutic Deductions.

It is possible to deduce a few practical therapeutic points from the records of the tests, although they are not arranged according to any scheme. The drugs employed are borax and boric acid. They were administered in equivalents or in mixture, the report is not very clear in discriminating between the two. These drugs are among the common antiseptics, and from their non-irritating nature, when employed for a short time, are the safest to use from a toxicological standpoint. The extremists in antisepsis might, perhaps, think it conducive to health to keep the intestinal tract "sterile" all the time by the use of so-called safe germicides. It is certainly demonstrated that daily, persistent, administration of intestinal antiseptics is capable of producing mischief. The language of the report is: "The fact that any remedy is useful in disease does not appear to logically warrant its use at any other time." The quantities employed varied from seven and a half grains in twenty-four hours to several times that amount of boric acid or its equivalent in borax. The report states that the medical symptoms of the cases in long-continued exhibition of small doses show, in many instances, a manifest tendency to diminish appetite and to produce a feeling of fullness and uneasiness in the stomach which sometimes amounted to nausea, fullness in the head with dull persistent headache. In addition to the uneasiness produced in the region of the stomach there were sharp and well-located but not persistent pains. This statement of the stomach and head symptoms, some of which did not appear in all the

testers, tallies pretty well with what we knew before from our own provings and may be accepted as a verification. The drug when pushed a little further produced inability to perform work of any kind, some of the persons becoming ill and unfit for duty. These effects were clearly felt by some who were taking less than a gram per day. One very noticeable effect is brought out by the following statement: "The adminsitration of borax or boric acid to the extent of one-half gram per day yielded results markedly different from those obtained from larger quantities." This, to some, would be taken as confirming the theory that different dose quantities produce different symptom groups, which, carried to its logical limit, makes almost a different remedy out of an attenuation from what the crude article may be. The general conclusion of the effects upon the digestion is: "That when continuously administered in small doses for a long period, borax creates disturbance of appetite, of digestion and of general health." The effect upon the urine in one entire group of cases was to increase the acidity, in no case in the group was alkalinity observed. When the drug was grossly pushed, it appeared to diminish the acidity and sometimes make the urine alkaline by its fre presence. It was noticed also that the drugs tended to increase or produce traces of albumen which had a tendency to continue. In every case there was a marked tendency on the part of the body to diminish in weight and the tendency seemed to continue after the drugs were discontinued.

As a general deduction, we are led to say that the homœopathic use of borax as a corrective in certain cases of malnutrition is verified, although from the nature of the circumstances and intent of the tests no fine deductions or distinctions can be made. [Southern Hom. Association.]

Psychiatry.

GENERAL PARESIS.

BY C. E. SAWYER, M. D., MARION, O.

General paresis, or, as it is more properly called, "paralytic dementia," is a protean disorder involving both the brain and the spinal cord. It is a disease so sweeping in its results, so certain in its progress, that despite the fact that volumes have been written describing it, and for all that numberless alienists have carefully studied its course, neither its pathology nor treatment have been satisfactorily approached.

Regardless of the text book evidence against the possibility of cure, I still feel that we have a duty to perform in trying for the relief of this ever-increasing army of suffering humanity and it is with the hope of affording some new light or at least to emphasize some cardinal principles that I assume the discussion of the subject here.

History.

Although fairly common at the present time, the history of general paresis is a short one. Men may have suffered from its baneful ravages throughout antiquity, but history fails to record the examples and medical teachings ignore the symptoms.

It was not until the last century when the physical force and energy of the middle ages was supplanted by the stress and strain of the present that this insidiously maiming and far-reaching disorder was recognized and diagnosed. Georget in 1820 described it under the title "Chronic Muscular Paralysis." Delaye in 1824 as "Incomplete General Paralysis," and Calmeil in 1826 mentioned it as a paralysis observed in the insane. But all of these supposed it "a paralysis superimposed upon an already existing insanity." Bayle in 1822 called it a true morbid entity; a disease per se. This opinion gained ground until Pachaffe in 1838 termed it a special form of insanity. The definite reaction came somewhat later than this, for in 1846 Requin divided it into two component parts and stated that the paralysis could exist without the mental symptoms. To Baillanger is due the honor of giving it the expressive title, "Paralytic Dementia." Under this caption it has come to be regarded as a separate and distinct disease, enveloping in a far-reaching and secure net all of an individual's qualities, moral and mental and physical.

Etiology.

Carefully as statistics have been compiled and painstaking as investigators have been, the exact etiology of this octopus-like disease is still unknown. All the conditions which have been found to be the basis of other nervous derangements have been searched for in this, but no one has been discovered as the exact cause of the malady.

Syphilis has come in for its share of blame and many writers, with the same rapid deciding which has caused them to attribute so many other doubtful derangements to this affection, have placed this taint as its sole excitant. But more careful investigators have found that all cases do not give a luetic history, in some instances the ratio doing so is only 60 to 90 per cent. of the entire number affected, and they are of the opinion that other measures are liable to cause it also.

Other facts serve to bear out this theory; men and women suffer nearly equally with syphilis, but men predominate when it comes to general paresis; all ages are susceptible to syphilis, but only individuals in the prime of life suffer with paralytic dementia, and the man with syphilis of ten years' standing is as susceptible to the other disease as the man who has had the lues and from whom all signs have long before diappeared; all classes are infiltrated with syphilis, but paresis makes its appearance oftener in the well-to-do business office, where a great amount of work racks and overstrains the sufferer. The two certain races saturated with the specific virus are exempt from the paralytic affection. In the Hawaiian Islands, where a large per cent. of the population has died from syphilis and where probably nearly all the natives bear some such taint, paresis is seldom found. In Egypt, where the lues is widespread, paralytic dementia is unknown; the hospital for the insane at Cario has failed to report a single case. And among the nomadic tribes of Arabia, where syphilis stalks totally untreated, paresis is entirely absent. Considering everything, it

must be admitted that syphilis is a leadng predisposing cause, but it is far from being the only factor and if we are to trace paresis exactly we must seek farther and deeper.

As in all nervous affections, heredity plays some part in the causation of this disease. Various statistics place the percentage of cases giving a family taint at from 10 to 40. Few of them, however, kive a history of direct transmission; the disease itself is seldom propagated from parent to offspring, but instead a so-called congestive heredity is handed down. In some cases a conjugal condition arises; the husband and wife both being affected, either simultaneously or one after the other. As yet no definite cause for this is known.

Other conditions leading to the disease or to an affection similar to it, are alcoholism, plumbism, excessive use of tobacco, rheumatism, etc. But these create conditions differing slightly from true paralytic dementia, and they can, in most cases by history symptoms, be attributed to their proper class.

The greatest etiological factor of all is worry and strain, either of business, family affairs or the like. The fact that the disease is most common in the great centres of population, where the demands of business are greatest and where men are strained to the fullest extent of their mental and physical endurance, only helps to bear out the foregoing statements. Then, too, the fact that it has only been recognized during the last 90 years, the period when the world has made its greatest advances and when all these elements which derange the nervous equilibrium, stress, strain and hurry, eagerness to succeed, the necessity to strive and scheme and plan to gain even a livelihood, also makes this one the most important etiological factor.

Age.

The disease occurs during the prime of life. Wrapped up in his business, scheming, planning and arranging for the future, but never thinking of the present, the unfortunate victim suddenly finds himself a physical wreck, unfitted for business, incapable of even closing the transactions under way and engulfed by a disease which will eventually sweep him forever from his unfinished toils and labors. From 35 to 50 are the most common years for the affection; it occurs occasionally in younger subjects and sometimes in older ones, but the cases are so rare as only to prove the rule.

Sex.

Men are affected more often than women; one authority giving the ratio as 10 men to 1 woman. Regis has developed an ingenious theory to substantiate this fact. He believes that paresis does not favor an hysterical tendency and in case it does develop in a hysterical subject an antagonism is formed between the two and the disease is inhibited. This may be true, as more women are hysterical than men, but since their modes of life are different—most women are not subject to excessive mental strain—it would seem that other factors might play an important part in bringing about this fact.

Occupation.

Lawyers, physicians, business men, artists, military officers and the like are most prone to the disease. Brower thinks its frequency among railway men is due to the physical strain dependent upon the constant traveling and concussion incident to their work.

Nationality.

No nationality escapes this scourge. The Irish in Ireland and the Egyptians are generally exempt from it, but in this country all alike suffer. All classes are also affected.

Symptoms.

The symptoms of general paresis are varied and sufficiently unlike to make each case different at some time in its course in many respects from all others, but sooner or later each sufferer falls into the general well-trodden and classical highway which leads to the inevitable termination—death.

The onset is always insidious, but at an early date aberrations will occur which will attract attention and then gradually but surely symptoms will present until even the unsophisticated can diagnose the condition.

For convenience sake the course of the disorder is divided into three stages; these may at times stand out prominently and serve as a means of gauging its progress or they may merge into one another in such a fashion that the whole seems a gradual decline.

The prodromal period is the most difficult to recognize because of its gradual appearance. Symptoms suggesting the onset of the disease are sleeplessness, tremor of the eyelids, tongue, hands, etc., irritability of mood, migrane, wandering pains, digestive disorders, faults of memory and the like. Other symptoms very suggestive of general paresis are errors in speech and writing, misuse of words, omission of letter, syllables and words, indifference to higher sentiments, loss of critical faculty and lack of interest in his surroundings. These, along with the following, the conclusive symptoms, should put every practitioner on his guard and prepare him long before the general storm breaks for the deluge which is coming. The patient mislays objects, makes simple and unexplainable mistakes, he confuses things, forgets his way in familiar places, becomes easily angered, is extravagant with his money, loses his former ethical feelings, indulges in sexual and alcoholic excesses and becomes negligent and untidy.

At first the patient realizes his condition and is worried regarding it, but finally he loses this feeling and while he may understand fully and talk intelligently regarding the condition of others about him, he is entirely oblivious to his own state. Once seized with the malady, the progress is certain. Physically the changes are manifold. There is usually defective innervation of one side of the head and face; transitory ocular palsies occur, the sensibility to pain is diminished, the pupils react to accommodation but not to light (Argyll-Robertson pupil), the reflexes are deranged, being either absent or exaggerated, usually the former; the complexion becomes dark pale and greasy; there is a lack of facial expression, the patient has difficulty in articulation; testicular sensibility is lessened, in some cases the patient feels no pain even upon excessive pressure of the parts. Regi states that the general appearance changed long in advance of the appearance of other symptoms. The complexion is dead;

the flesh is flaccid and pale; the features become drawn and expressionless; the hair and eyebrows are dry and thin; the eyes are moist and lustreless; the teeth are carious; the patient dreams at night; his entire being shows the marked changes taking place and withers away into a deadened and comatose state.

The secondary period or that in which the disease establishes itself is but an augmentation of the preceding one; all its conditions are but indications of the deeper and unseen changes. The speech becomes changed, due to the jerking of the muscles used in articulation, and to inco-ordination pulses, which come from the cortical speech center. The patient cannot pronounce certain labials and consonants. He stumbles, leaves out syllables and words, and if asked to say "Right Calvary Brigade" or "Round the rugged rock the ragged rascal ran," he hesitates, stutters and omits, giving only a portion of it or simply a jumbled sound of r's and a's. His handwriting changes. So much so in fact that this is oftentimes used to detect the disease. The patient will begin a letter, and for a few words will write with his accustomed distinctness and clearness; then he begins to leave out letters, then syllables and finally words and phrases disappear, and the pen leaves but a crooked curved line which becomes lighter and lighter until it too disappears, and the effort ceases. When asked to sign his name the patient will go through great preparatory movements only to finish by producing a broken, illegible series of marks.

Tremor is another early and continuous symptom. It is fine, fibrillary and in some cases almost skeletal. Unless carefully looked for it may be overlooked. By placing the tips of the first and second fingers in the patient's palm, and then pressing lightly with the thumb on the dorsal aspect of the hand, the twitching can be felt quite plainly. All parts of the body participate in this, the hands, feet, lips, forehead, tongue, eyes, etc.

Pupillary changes are also noticed. The opening dwindles in size; its outline is irregular and the two pupils are oftentimes unequal; they accommodate to distance, but not to light. The reflexes are greatly altered. They may be lost or as is quite common, markedly exaggerated, and there is usually clonus of the ankle and jaw. The muscles become rigid, and contraction oftentimes set in. All eventually become paralyzed and weakened. There may be local pains throughout the eyes and occasionally in other parts of the body. There may be diplopia, nystagmus, ptosis, etc. At the height of the disorder, or in the final stages, there may be apoplectiform or epileptiform seizures. Emaciation may be marked and trophic disturbances set in. In the late stages the patient gains in flesh and oftentimes becomes quite obese.

The mental symptoms are very marked in this stage. At first there is a failing of the memory for recent dates, the patient still retaining a clear conception of earlier occurrences; but at last these are swept into the torrent and confusion reigns. Ideas are associated with less exactness, the judgment is weakened, the sense of time and place disappears, there are delusions and hallucinations; the emotions are no longer controlled, the patient laughs, cries and raves without external stimulation, the æsthetic and ethical feelings are lost and the patient participates in the grossest and lewdest act.

He may be depressed or exalted. If the former he sits with head and face turned downwards, hands at his side and legs sprawled out, the picture of dejection. If asked regarding himself or his surroundings he answers that everything is wrong. When questioned regarding his future he replies that he is going to burn for 10-20 numberless of thousand of years in hell. Nothing has a bright side for him.

If of the exalted type the picture is reversed, his head is erect, his eyes are bright, he stands erect and walks as a man of great importance. When asked regarding his condition he replies "All right, never felt better," although he may be suffering bodily pain, or despite the fact that he may be weakened so as to be unable to stand without support. His answers are always in the superlative degree, the firm that employs him is the best in the city, in the country and if you mention it in the world. He offers to do unheard of tasks, to outrun and outjump every one else. He is a lord, a king, the greatest monarch in the world, and he treats his fellow patients as vassals. He has unbounded riches, he writes and signs checks for thousands, for millions. He commits unheard of acts, sent out to buy a can of oysters he purchases a wagon load; he leaves home to arrange for an automobile, he terminates by purchasing four or five. If at this period he holds a responsible position, he may ruin himself and his employer by his excesses. His manner of life changes, he drinks, chews, or smokes to excess. He becomes sensual and boisterous, he cohabits with licentious women, he tells obscene stories before his friends, wife and children and finally he oftentimes brings disgrace upon his family and himself by some of his obscene acts. He may in fact develop along any line, and his grandiose ideas may carry him to any performance. At times during this stage there may be remissions and the disappearance of all symptoms. The patient may even be discharged as cured, but sooner or later he will return to finish the program in which nature has only called a recess.

At last comes the third stage or terminal period. "The minute the sphincters relax the terminal stage has commenced." From that time on the patient becomes more besotted, more beastly, until a merciful death rids him of his sufferings. The grandiose ideas dwindle into senseless mutterings, the mind becomes a blank. The patient is speechless, bedridden and filthy. Bed sores appear despite the greatest care on the part of the doctor and nurse. Aural hæmatoma are often present and sometimes become evidence to relatives that the patient is maltreated and abused. At last death appears. Usually it is due to inhalation pneumonia, septicaemia, cystitis, marasmus, intestinal catarrh or exhaustion. Occasionally the patient suffers an apoplectic or epileptic seizure and dies suddenly.

Such is the progress of this extensive disease. It lasts for three to five years, or with remissions even ten, but the final outcome is always the same.

Diagnosis.

The diagnosis of the disease is readily made in the later stages; it is in the early period that the physician must always be on his guard. Loss of memory, inco-ordination of ideas, stumbling speech, irregular and skipping handwriting, grandiose ideas, fine tremor, Argyll-Robertson pupils, muscular weakness and a history of syphillis and great mental strain should leave no doubt as to the disorder, it is developing paresis in its most malignant form.

From neurasthenia it is distinguished by the sluggish, immobile, irregular and pin-hole pupil. The diminished or greatly exaggerated reflexes, fibrillary tremors of tongue and eyelids, defective speech and writing. In neurasthenia the patient is always developing new symptoms, is always getting worse, in paralytic dementia he does not realize his own condition, but is always better.

From the paresis of alcoholism it is differentiated by the remission of the symptoms upon the withdrawal of the drug. The distinguishing it from cerebro-spinal syphilis is usually a difficult matter. In paresis the onset is usually mild and gradual, in syphilis it is sudden. In paresis there is usually a jerky and ataxic tremor. Argyll-Robertson pupil. In syphilis the speech and handwriting are unaffected. The headaches in paresis are vague and transitory; in syphilis constant and worse at night. In paresis the advancement is gradual and sure despite all medication. In syphilis the disease may be held in check by drugs.

Acute mania may usher in paresis. Usually though its delusions are less and not so grand as paresis. In epileptic dementia there is a history of former attacks.

Paranoia resembles paresis in some respects. Its delusions are more fixed and less exaggerated though. The paranoiac reasons, the paretic does not. The former asked why, if he is so rich, he wears a ragged coat will give you a chain of reasoning which, if you admit the premises, will be logical and valid: the latter stands and stares at you in a stupid fashion and makes no attempt to explain.

In multiple sclerosis the tremor is intentional, becoming greater and greater in excursion as the patient endeavors to carry on any movement. The dementia is also much less.

Microscopical Findings.

(1) Changes in vascular walls, dilation of perivascular spaces, wandering white and red blood cells.

(2) Increase in number of astrocytes.

(3) In ganglion cells, loss of nucleus and nucleolus, cloudy swelling in white matter and cortex and tangenital fibres.

Numberless theories have been devised to explain these changes, but their multiplicity only serves to prove their incorrectness. It is still very questionable whether the changes appear first in the nervous material or in the blood vessels.

Up to the present the prognosis in all cases of paresis has been unfavorable. For the individual manifesting the progressive symptoms of the disease there is but one termination. This unalterable result in my own opinion is due to the fact of failure of early recognition of the trouble and delay in beginning active treatment until the storm is too well advanced to be staid. As there has not been sufficient pathological disturbance discovered to demonstrate marked organic change in cases of paresis it seems safe to premise that early in the history of the trouble at least the affection is largely the result of overuse of mental forces and a disturbed local nutrition. That is to say the brain is not only overworked, but its nourishment is also interfered with; therefore, if the disease could be recognized early and means employed to equalize these short-comings it seems to me that cure might in some cases at least be affected, and if cure is not possible a much less exaggerated form of the trouble might be brought about.

To this end I would remind you that many cases of paresis are allowed to go unrecognized, or if recognized untreated because of the disposition on the part of the laity to withhold from their family physician symptoms and appearances which signify so much because they are loathe to have it known that any mental disorder is developing in their family. This false modesty, this secreting disposition has brought about the worst of disaster in many cases.

The time to treat paresis is during its prodromal stage. In the inception of the trouble before organic changes have been affected. If the laity knew this, if the general practitioner would help to emphasize this fact, I am sure that much benefit could be afforded this class of sufferers.

These are cases in which medicines play an unimportant part, but where hygiene, modes of living and environment are of paramount importance. These are the cases that demand every influence used in their behalf, which will promote improved assimilation and will overcome impaired elimination.

To the carrying out of these functions the patient should live much in the open air, should be extremely regular in habits of living, should have a generous diet, and above all else should be relieved of every possible care and worry. This is a field in which hydrotherapeutics afford much. These are the case in which mechanical, electrical and vibratory treatments are of great importance. It should be constantly borne in mind that the paretic is a sick man from the time the first slip is recognized in the workings of his mental machine, and he should at once be put at absolute rest, and should be regarded as any other individual out of health.

With a systematic regimen governing his every habit of life with treatments directed specifically to his general upbuilding, with absolute change of environment, the history of the subject of paresis will be written differently, providing always that the means to be employed are used early. [Southern Hom. Association.]

Addresses.

PRESIDENT'S ADDRESS.

Southern Homœopathic Medical Association.

BY WILLIS YOUNG, M. D., ST. LOUIS, MO.

When this Association a year ago honored the writer by elevating him to its presidency, he believed that he fully appreciated all of the responsibility which such preferment carries with it.

But as the time arrives for him to address you in his official capacity, his utter inability to do so in a manner at all commensurate with the dignity and learned qualities of the Association is borne in upon him to such a degree that he frankly asks your forbearance with the shortcomings of the officer of your own creation.

Assured of your leniency, I will present for your consideration a few thoughts and recommendations concerning matters of interest to ourselves as physicians and to the public with which we stand in an educational relation.

This public which criticises, blames and often imposes upon us, is the same public which also praises and encourages us, and what is important from an economic point of view—supports us. It is the same public which depends upon us for many things. To it, therefore, we owe our allegiance, which I believe we, as a class, never deny or attempt to evade.

The giving to the public of information concerning the cause, treatment, and, what is of far greater importance, the prevention of tuberculosis, especially the pulmonary form, offers an ever present opportunity of redeeming our obligation.

We know some facts concerning the "white plague."

We know that it is caused by the bacillus tuberculosis.

We know that the T. B. is practically omnipresent.

We know that by the observance of easily carried out measures (if the public but wills to do so) that its numbers and area of distribution can be decreased.

We know that its virulence can be mitigated, and that in proportion its possibilities as an infecting agent are lessened.

We know that its life outside the animal body may be destroyed with comparative ease.

We know that some persons are practically immune against it.

We know that other persons are of such physiological make up as to render them peculiarly susceptible.

We know that by proper treatment medical, dietetic and hygienic, this susceptibility may be much diminished or even entirely overcome.

We know that, in persons already infected the power of resistance may, even in the presence of the enemy, be so developed and increased that they may succeed in expelling the invader, in rendering their bodies uninhabitable to the germ.

We know that in this, as in any other disease, early recognition is a most important factor in combatting it.

I will not harass you with an account of even a small part of the mass of observations and experiments which have made it possible for us to truly say we know these things.

Neither will I tire you with the statistics (compiled in Vols. III. and IV. of the V. S. 12th U. S. Census), which prove their truth by demonstrating that the scourge is on the decrease.

I am well aware that active operations are being conducted against tuberculosis.

Massachusetts in 1898 established the first State sanitorium for consumptives, and has since established two more.

New York and New Jersey are each erecting buildings for the reception of T. B. patients, at a cost of over a million dollars each.

In at least ten States there are one or more private sanitaria devoted exclusively to the treatment and, I might add, the education of tuberculosis patients.

But when one reflects that tuberculosis annually causes 1-10 of deaths from all causes, it is evident that there is still work to be done.

I believe we may do some of it, and to this end, I beg to recommend that this Association, through its next administrative officer, appoint a number of commissioners from its membership, who shall within the next six months prepare and cause to be printed and furnished to its membership, for free distribution, a pamphlet or leaflet, setting forth in language clearly intelligible to people not familiar with techincal medical terms, the known practical facts concerning tuberculosis, with special reference to the means and methods of avoiding and preventing it.

I would suggest that the members give this literature to patients and friends and to such public institutions as they may have access to.

I would suggest that it state not only the cause and the methods calculated to limit its spread, but also that the terrors and miseries of tuberculosis be made clear that the instinct of self-preservation be aroused.

So impressed am I with the importance of education as a means of preventing tuberculosis that I will venture a further suggestion to the effect that the 1905 meeting of this body be devoted entirely to the consideration of tuberculosis.

Not one bureau but which could be more than filled by considering tuberculosis with reference to the special field of that bureau.

Materia Medica, of the remedies to combat its symptomatic indications.

Sanitary Science, of its climatological treatment so frequently recommended and so little understood.

Surgery. Every surgeon has always on hand some tubercular disease, of bone, joints, pleura, kidney, bladder, etc.

The gynæcologist is likewise favored or afflicted in his special field.

Obstetrics. So frequently does tuberculosis first manifest itself in the puerperium that insurance companies assume that a woman who dies in childbed dies of tuberculosis unless another cause is definitely known.

The other bureaux would find no lack of subjects for essay material.

A subject of which I beg leave to make a few observations,' not with any apology to the profession to whom I am speaking, and I trust not to be considered hypercritical or pedantic, is that of physical examination of patients.

In the past twelve months I have seen one man who gave a history of twenty-one distinct attacks of abdominal pain, for which he consulted no less than four physicians, none of whom made a physical examination of the abdomen. The condition was suppurative appendicitis, for which he was successfully operated.

Four women who had been suffering from one to two years with bloody vaginal discharge, in whom no examination had been made by their several physicians; they all proved to be uterine cancer, had all advanced to an inoperable condition, and are all now dead.

One man sick two weeks in bed with a huge appendiceal abscess; no examination by his attending physician. The patient is dead.

Four cases of fracture of the clavicle and humerus for which a liniment had been prescribed after an "examination" without removing their clothing.

Should I recite the cases from a history of similar neglect related to me by professional friends the list would be tiresomely long.

I am somewhat consoled by the fact that of the cases I have mentioned and of those I have heard in but one single instance was the negligent doctor a Homœopath.

Such work casts an unjust discredit on a profession with a sufficiency of burdens already on its shoulders. It is not because we don't know. It is because we don't look.

Ladies and Gentlemen: In concluding this paper I desire to make formal acknowledgment to the other officers of the Association, especially including the bureau chairmen, for their work in making this meeting a success. But more especially to the plucky Corresponding Secretary, Dr. Lizzie Gray Gutherz, of St. Louis, who, despite a long and painful illness, has left none of her work undone.

Legislation.

THE DUTY OF THE STATE TO HER CRIPPLED CHILDREN.*

BY L. E. WHITNEY, M. D., CARTHAGE, MO.

In every city, town or thickly inhabited centre there are to be seen almost daily, deformed, shapeless and altogether helpless individuals standing upon the street corners, or crawling from door to door, either directly or indirectly soliciting charity.

Within the range of observation of every physician and almost every individual there are children, just entering upon the threshold of existence, who, on account of some deformity or disease, such, for example, as paralysis, hip-joint disease or dislocation, spinal necrosis, tuberculosis of joints or bones, or congenital deformities, the nature of which is such as to baffle the power of ordinary medical skill when applied within the home. Under present conditions the majority of these, if they are so unfortunate as to survive to become adolescent, must be forced to join this army of distorted and disheartened beggars.

There are many of these children who, if they could have the necessary care, medical, surgical and hygienic, might be rescued from this impending existence of suffering and humiliation, and placed upon the high road to health and happiness, where they would develop into useful men and women.

A vast majority of them, could they be given just the necessary attention, medical, physical and educational, for the necessary period of time, would, even though still physically deformed, become intelligent, self-supporting and respected citizens.

The nature of the disability in the majority of these cases is such as to require years of unremitting treatment. Many of them demand special physical apparatus, which must be frequently changed or renewed, and which is always expensive; all of them require the most scrupulous nursing and dexterous management.

These unfortunate little sufferers are not to be found simply in the homes of the rich, where all these requirements can be readily and willingly supplied, but quite as frequently come from the homes of those in moderate circumstances or the very poor, with whom the necessary expenses incident to their treatment is so great as to prove absolutely prohibitive.

The attending physician may be both skillful and strenuous in his efforts, but he is obviously so handicapped by the absence of the above necessities, that they must unavoidably prove abortive.

But granted that such treatment as can be given them in their homes is fairly successful as far as physical results are concerned, still since the time during which they must be under it necessarily covers a large period of the life when children should be receiving their education, being thus unable to attend school, their education must be altogether neglected or consist of what can be gathered from the fitful efforts at teaching indulged in by parents or friends, the result of all of which is that they grow up as we see them, both physically and mentally incapacitated for any vocation that will yield them a livelihood.

Since it is evidenced by both theory and practice that these unfortunates cannot receive at their homes the peculiar care that they require, and since private institutions for the same would not, for various reasons, be available to more than a very small per cent. of them, it is obvious that the only practicable method of treating them is in a public institution, established and maintained by the State, as is now done for the insane, the deaf, and the blind. Indeed, every argument in justification of the public maintenance of institutions for the care of these latter unfortunates applies with equal force to the establishment of a similar one for crippled and de-

*Read before the Missouri Valley Homœopathic Medical Society at Kansas City, Mo., October 5, 1904.

formed children; yet, while there is scarcely a State to be found which has not provided for her deaf and blind, there are but few which have thus far appreciated the necessity of extendinng the same aid and attention to this other class of those who are equally deserving as well as equally helpless.

Not infrequently we hear the Commonwealth spoken of as a Mother, and, indeed, in many respects the similitude is peculiarly fitting, for it is the duty and privilege of both mother and State to foster their sons and daughters, to safeguard their health, to care for them when helpless, and provide such facilities for their education and development as will assist and encourage them to make the most of themselves. But unfortunately the simile is subject to limitations, for while the mother regards each of her children with equal affection, and her readiness to bear their burdens and give them assistance is usually in inverse ratio to their ability to help themselves, with the State a readiness to aid certain classes of the afflicted, which is as universal as it is praiseworthy, is as generally withheld from another class of those equally unable to help themselves.

As a result of an investigation made by a legislative committee appointed for that purpose by the Governor of Ohio, it is ascertained that in that State there are 3,160 crippled and deformed children under the age of eighteen. Since no one is likely to presume that the per cent. of such is materially greater there than elsewhere, we can by a simple estimate, based upon a comparison of population, reasonably conclude that the States represented at this meeting have the following number, respectively, similarly afflicted: Nebraska, 819; Kansas, 1,117; Iowa, 1,696; Missouri, 2,368.

This great army must be constantly clothed and fed, a task which, as they reach adult life, must be borne by a comparatively few as they are spasmodically influenced by emotions of sympathy, and even by them done grudgingly, because of a feeling that it is not only an endless one, but that it should rightfully rest upon all alike. Would not this burden be more evenly distributed if it was shifted to the shoulders of the State?

For that purpose there should be a special institution in every State, one so designed and equipped as to at once supply the place of hospital, home and school, one to which a child could be assigned with the assurance that while surrounded by the healthy and happy influences of a good home, he would receive the best possible medical and surgical attention, be given instruction in such of the rudimentary educational branches as are suitable to his age and previous study, and also such manual or mental training as would be required to ultimately fit him for such trade or vocation to which he may be best adapted, or to which his peculiar disability would offer the least hindrance.

With such an institution in active operation it requires no unreasonable or pyrotechnic flight of the imagination to behold the distorted and repulsive corner beggar converted into a competent stenographer or accountant, or to picture the shrivelled and twisted nuisance who crawls into your office to sell worthless pencils or shoestrings transformed into a skillful artist or jeweler.

Such institutions are now in existence and have already demonstrated their practicability, in the States of New York, Minnesota and Massachusetts, and that only a careful investigation of the subject is required to convince any intelligent mind that they are not only practicable but are needed in every State is evidenced by the following, which is quoted from the report of the Ohio Legislature Committee referred to above, which was instituted for the purpose of thoroughly investigating and reporting on the subject:

"Your commission if the the unanimous belief that the State of Ohio should without delay provide for an institution for the care, treatment and education of crippled and deformed children. We believe that such an institution is necesasry, desirable and feasible.

"We are convinced the results to be attained would amply justify its establishment and reflect credit upon our State, and that in a short time this class of children and young people would be taken from the lists of those dependent upon public charity."

The kindest charity that can be bestowed upon a needy or unfortunate individual is that which enables him to help himself; but leaving out the question of charity, laying aside every humanitarian sentiment and viewing the matter simply as a cold business proposition, will it not pay any State to thus put her crippled and deformed citizens into such a physical and mental condition that they can help themselves rather than to leave them to the support of spasmodic charity, as is now so generally done?

Is not the result of the present worthy method of caring for the blind sufficient evidence of the practicability and wisdom of extending the same method to other helpless dependents, for among the countless sightless beggars still to be seen upon our streets, who ever found one who for any considerable length of time was ever an inmate of a State school for the blind?

But why eliminate charity as a sufficient reason for thus caring for and equipping these unfortunates for self-help; cannot any wealthy sovereign State well afford to extend a hand of motherly sympathy and aid to the comparatively inconsiderable number of her children who are thus incapacitated for helping themselves?

Surely the State in which we meet to-day, "Grand Old Missouri," the proudest and best of the sisterhood, with marvelous wealth and the resources of an empire within her borders, can well afford to be generous to her crippled, deformed and helpless citizens.

The writer does not claim originality for the thoughts above expressed, and readily acknowledges that most of them are borrowed from those who are laboring for the establishment of such institutions elsewhere, but believing that there is not the interest manifested in this subject, either among the profession or the general public, of which it is deserving, and hoping that it may in some degree stimulate an increase of sympathy for what he regards as a worthy object, this paper is respectfully presented.

The Colleges.

THE PROBLEM OF THE HOMŒOPATHIC COLLEGE.

BY WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

I question whether the title of my paper, "The Problem of the Homœopathic College," could have found a place in any homœopathic society forty years ago, or at any time until quite recently. No problem in our sense existed in the minds of the Homœopathists then in regard to teaching institutions, none except to establish them. They were needed, they were demanded, they were supplied. Why, then, is it a problem to-day?

Because, with the changed conditions of modern medicine, questions have arisen in the present generation as to the continued need, and the supply has outstripped the legitimate demand. It is "up to us," therefore, to face the problem, not perhaps of the continued existence of our colleges, but of such adjustment to present environment as shall least imperil that existence. We cannot escape the responsibility of doing so. It is the most vital question in our school to-day.

Permit me to briefly review the attitude that characterized our predecessors of say fifty years ago, and see how inevitably necessary the teaching functions of the young school must have appeared. Recall for a moment what Homœopathy was to those men. It meant to them nothing less than the whole science of therapeutics, a science the key for the further development of which, it was held, they alone possessed in the doctrines of Hahnemann. In the midst of the therapeutic chaos of Hahnemann's time—before the days of applied 19th century science, mind you, in the pre-modern surgical, prelaboratory and experimental research stage of medicine, of course, Hahnemann's philosophy and practice became to them a veritable mountain of therapeutic light, Hahnemann himself a seer, his law the open sesame to all knowledge, the Organon, the high-water mark of medical philosophy, the Materia Medica, the goal of the whole medical art. The injunction to go out into the world and preach the gospel came to the disciples of old with no greater force than this new medical gospel came to its disciples. Similar reward of faithful discipleship was theirs also, i. e., social and professional ostracism, misrepresentation and hatred. But there were compensations, too, in the close fellowship of those who shared this fervid, glowing faith, and the consciousness that truth was on their side. From the first, results justified them, and they glorified the founder. For them Homœopathy stood as a complete, almost a completed, structure. A harmoniously proportioned doctrinal edifice, whose complete organic interdependence of its several principles and its perfect adaptation to therapeutic needs could be seen in its perfection only by its esoteric adherents and by the practical application of its principles.

Now, given such a faith, such light where hitherto darkness reigned, such results hitherto unattainable, what else could they do but impart these to others, thus becoming missionaries; and they did. Were they not custodians of great principles that have been vital enough to impress themselves upon the century just passed, notwithstanding the fact that these ran counter to a large extent to the characteristic thought of that century. The older amongst us remember the birth of the agnostic school of thought headed by those giant minds, Huxley, Darwin, Spencer, and the subsequent wave of materialistic philosophy that inundated and dominated all. In the medical profession, recall for a moment Virchow's mighty moulding influence, creating patheological views with their correcponding local therapeutics, whose apotheosis was reached at the end of the century. The rebound had to come, and is now on with a vengeance from the people advocating and practicing all sorts of non-medicinal fads and delusions. Throughout all this reign of materialistic philosophy and practice, the homœopathic school has proved itself a veritable Gibraltar, successfully withstanding the onslaught, and upholding and defending views diametrically opposite.

And to-day? Is not our every position given hearing if only presented in the terms of the modern scientific school? It is not accepted and taught, indeed, by the advance guard of the old school, and is not every peculiar tenet of ours strengthened, if not actually proved, by the new discoveries in science and experience at the bedside. Take our ridiculed potentization theory, even it is likely to be dignified into proper scientific recognition by the discovery of radio-activity. Now all this is not due wholly—and perhaps not even in part—to direct influence by and through our organization, but is a result of the ever advancing "Zeitgeist." This will go on until in time the special truth that Homœopathy stands for will become the common property of the new medical age, but that time is not yet. It seems to me results go far to justify the faith of our early masters.

Hahnemann, by the publication of his "Organon," gave the world a philosophial and complete system of medical doctrine, and by the publication of his "Materia Medica," offered the only way to embody these doctrines into a practical art. He thus founded a school. From the first, he relied on teaching at the university as a proper method to gain adherents. Academic teaching of Homœopathy thus has his own example as a precedent. And in a more or less unbroken chain at some university or other, or in connection with some hospital, more or less systematic instruction has been given in Europe. With us in America more immediate results were obtained on other lines. Here the easy creation of medical colleges of fifty years ago, the small requirements, short sessions and great demand for doctors brought into existence a score of homœopathic colleges all well patronized, all giving lectures on the great branches of medicine, plus Homœopathy. The result was the great increase of practitioners to meet the rapid growth of the new school, all being practical men doing good work and loyal to the cause, with much enthusiasm and discriminating understanding of the principles of the school.

Twenty-five years ago a change came over the

medical college. No longer satisfied with a two years' course, three or four years were required to meet the greatly enlarged curriculum. The age of specialism and of scientific research had come. Surgery dominated. A natural but undue importance was given to the new course, but pure Homœopathy was forced into the background. With what result? A generation of representatives of the school, weak in homœopathic philosophy, ignorant of its history, careless of the strict homœopathic methods, routinists in practice, leaning to palliation and physiological dosage, rather than cultivating the distinctive field of Homœopathy. This marks the real beginning of our troubles. Weakness here means ultimate vital decay. For is not the only logical ground for the separate existence of a homœopathic college the thorough teaching of Homœopathy? Anything that threatens its integrity threatens the very life of the college. Unless we have vitality here, the hostile atmosphere of our environment will choke our efforts. Ten years ago, at a meeting of this Society, I sounded the alarm. In a paper I had the honor to read before you I pointed out the necessity, the one thing needful, indeed, was the most careful selection of the teaching faculties in regard to their attitude towards Homœopathy. Let me quote the summary of the points contended for then:

1. I hold that the trustees of every homœopathic college should aim at having a united homœopathic faculty.

2. One in which every chair is imbued with the philosophy of Hahnemann, believes in it, and in the endeavor, so far as possible, to regulate his practice thereby.

3. That the increased length of time now adopted in our colleges should also give increased and greater opportunities for specific and systematic instruction in the philosophy and science of our art.

4. Such teaching from a united homœopathic faculty would produce homœopathic students in spirit and truth, students to whom Homœopathy would be a reality, an inspiration and an unquestioned therapeutic guide.

Are we not to-day throughout the school reaping the fruits of neglect of these principles? Fortunately not too late to reform, as seen in the changed attitude of our schools for more specific homœopathic instruction. But I do not believe that the mere increase in hours of lectures on Materia Medica, pointing out keynotes for committing to memory, will fill the bill. Marked proficiency in knowledge of keynote symptoms may be easily obtained in a very short time and yet without any appreciation of the spirit and aim of genuine study of drugs according to the tenets of Homœopathy. Indeed, the need of specialists in this department is as necessary as in any other branch, and I question whether such exclusive reliance on keynote symptomatology is the best preparation for the homœopathic Materia Medica specialist. But furthermore, while these causes within the organization were at work, certain other conditions brought about similar results. These consisted in the changes wrought by the newly developed sciences and experimental methods introduced and the great time allotted to their study in the college curriculum and other changes incident to the organization of the State boards of examiners. They brought with them practically the same uniform requirements for the smallest and least pretentious as for the largest endowed institutions, the same entrance examinations, same length of study, same fees. Side by side with this uniformity of requirements mark the difference in opportunities, fancied or real, but nevertheless powerful in determining results. The inevitably more limited clinical facilities and laboratory equipments will militate against the small college, not to speak of the inspiration of numbers, the eclat of contact with the greatest minds at the greatest endowed institutions which is almost irresistible to youth.

Another powerful factor in bringing about these changes is the legitimate outcome of these scientific researches on the one hand and the practical worthlessness of ordinary old school drugging on the other. These lead to the vast expansion and growth of the broad field of therapeutics outside the limits of Homœopathy. Our own territory remains the same, and we have cultivated and perfected it, but, relatively, it is now a much smaller domain than it was to Hahnemannn and his school down to our generation. Only within the last twenty years has its domain apparently shrunken by the gradual introduction of extra-homœopathic measures, some of them of great therapeutic importance. I need to recall only the most recent addition of light therapeutics, the scientific development of exercise, dietetics, electricity, suggestive therapeutics, etc., not to speak of the vast growth of surgery and mechanical threapeutics all vying with each other as effective agents for the cure of disease. And they are effective, and remember many of them did not exist at the time of Hahnemann and early Homœopathy. And lastly we have also the changed attitude of the old school to Homœopathy from the aggressive opposition of the past to present day tolerance and patronized condescension at least as manifested among the leaders of that school.

With these facts in view, the homœopathic colleges everywhere, but especially the smaller, are indeed surrounded with grave difficulties that threaten their very existence, and I believe with the smaller ones, unless means are found to keep up the classes, ultimate extinction. How can we meet the difficulty? Teach the doctrines we must, and on present lines it seems that we cannot long continue. What remains?

Those of our schools that are connected with State universities, like Ann Arbor, Iowa, Minnesota, etc., are, of course, not affected, and it would seem to be a logical course to pursure to enlarge the numbers of these State institutions, get our several schools, to seek affiliation and thus become a part of the State university, to seek which course we have every political right as taxpayers and citizens of the Commonwealth. But those who have experience will tell us, when they are in a confidential mood, that the relation of the two schools on the campus is far from ideal and leaves much to be desired. At

best our men feel themselves isolated. Be that as it may, the proper and only permanent affiliation to my mind is the one that, so far as I know, has not been tried unless it has been thought of in the early days of Ann Arbor, namely, to make the study of Homœopathy obligatory on every medical student of the university thus an integral part in the medical department of every State endowed university. This, if it could be realized, would at one stroke do away with the need of our separate existence and our special schools and journals. If every student were thus compelled to study Homœopathy, theoretical and applied, and pass an examination in it as much as in any other branch, Homœopathy would have gotten its rightful place among the medical sciences. Untill this ideal is reached, we still must work along other lines.

Failing in this, we have another course, perhaps equally quixotic at present, but surely realizable in the near future in some quarters. In our larger cities, New York, Philadelphia, and let us hope in others, our schools already established ought to be able to have sufficient influence and wealthy adherents to become endowed institutions. I believe this is already the fact to some extent both in New York and Philadelphia. That, of course, is the ideal solution to be sought, and would place these institutions on a par with any old school or State endowed college devoted to the interest of higher medical education, interpreted, expressed and ensouled with Homœopathy. These institutions would become medical universities, indeed, leading all the rest. It is to such favored schools that we must look in future for the perfect and complete development of our teaching faculties, for original research and the continued up-building of our Materia Medica and our distinctive art.

But there is still a number of small struggling schools, that have done good work in the past, but their future is seriously threatened by inability to fulfill their mission. Since, as we have seen, the greater laboratory demands, enlarged curriculum, paid professorships especially, and at the same time decrease in student number, make them financial failures. Say what you will, sooner or later this fact will settle their continued existence. I see but two possible solutions. Let the small college resolve itself into a post-gradute school of Homœopathy. Retain, enlarge, develop our own distinctive field alone. No longer try to compete with other medical schools in making doctors, but offer post-graduate instruction in the principles and practice of Homœopathy to graduates in medicine. Released from competition, we could center on this, our own specialty, marshal our best men, pay them, if you please, and thereby demand and command the best service in developing the art and philosophy of Homœopathy. Small number to attend your course? Of course the number will be comparatively few. But few or many, what a satisfaction to teach real seekers after truth, and what strength to the school of such trained men. See what this method has done for Europe, especially England. Her Homœopathists are of the most virile type, scientific men thoroughly imbued with the loyal faith based on rational understanding of our principles. What I mean is excellently set forth in this year's summer post-graduate course, consisting of lectures and clinical demonstrations at the London Homœopathic Hospital. It is just such a school as some of our colleges could be turned into and save thereby from dissipation the past excellent work and do the best thing to keep alive the knowledge of the principles and practice of our art.

So far as our school on the coast is concerned, the only other course open to it is to become the foster child of the whole homœopathic profession on the coast through its representative bodies, the State societies of California, Oregon and Washington, shifting the responsibility for its continued existence where it rightly belongs, from the few willing workers to the many. The college, and for that matter, its journal, are not institutions of a certain set of men; they are and ought to be, in very deed, institutions of the whole school of the Pacific Coast. They are the heart and lungs of the homœopathic man. They give life to the school, and in turn they must derive their life, their means for existence, financial and certainly the supply of students, from the school as a whole. The Hahnemann College of the Pacific is your college, is and ought to be, as its very name indicates, the college of the Pacific States. This view places the responsibility for its continual existence exactly where it belongs. We must look to every man and woman practicing Homœopathy on this coast and to our representative bodies, the State and local societies, for needful support.

And what do I mean by needful support? Bring to the college, first of all, the constant supply of students. Some of us have woefully failed in this. Our very apathy in this direction is the chief cause of the lack of growth of our colleges in numbers of students. We have never been alive to our duty in this matter; our indifference has almost assumed the aspect of opposition. How else can we interpret the fact that the sons of our teachers and leaders often are sent elsewhere, aye, not even to homœopathic colleges. There must be a complete change of attitude on the part of the individual physician and whole local profession to its local schools and journal. They must assume functions and responsibilities that they hitherto ignored. Are we willing and ready to do it?

If this were done faithfully nothing more would be required in the way of material aid. The college would then seek more than ever and welcome supervising interest in its work and teaching faculties such as would tend to bring about the best result for the cause. But neglect to supply such a student body means defective usefulness and outside financial sources for covering losses entailed. I hold that individually and collectively as societies we ought to hold ourselves ready to protect our colleges from such a calamity and be ready to shoulder all deficiencies. If we refuse to do this, we relegate to a few, or to one or two ambitious men, the management of an institution that properly belongs to and represents the whole profession. We cannot permanently prosper on that line in these days of constantly increasing demands for larger and more

complete equipments. Success in college work these days depends upon co-operation and the hearty support of the many; without these, permanent growth and ability to meet the demands of the times are out of the question. [P. C. Jour. of Hom.]

The Library.

BOOK REVIEWS.

Visiting and Pocket Reference Book for 1905.

The following is a comprehensive contents: Table of Signs and how to Keep Visiting Accounts, Obstetrical Memoradna, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank Leaves for Weekly Visiting List, Memoranda, Nurses' Addresses, Clinical, Obstetrical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905. 126 pages. Lapel binding, red edges. This very complete Call Book will be furnished by the Dios Chemical Co., of St. Louis, Mo., on receipt of 10 cents for postage.

Essentials of Materia Medica and Prescription Writing.

By Henry Morris, M. D., College of Physicians, Philadelphia. Sixth edition, thoroughly revised. By W. A. Bastedo, Ph. G., M. D., Tutor of Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo volume of 295 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00, net.

Dr. Bastedo in making the revision of Dr. Morris's "Essentials of Materia Medica," has furnished the student with a work complete and up to date in every particular. Much of the text has been in great part rewritten. There have been introduced articles on adrenalin, stypticin, and on the iodine and silver synthetics. The present sixth edition is all that could be desired.

Essentials of Bacteriology.

By M. V. Ball, M. D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth edition, thoroughly revised. By Karl M. Vogel, M. D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York City. 12mo volume of 343 pages, with 96 illustrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00, net.

Within the last few years rapid progress in Bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. It is with pleasure we note the inclusion of all the resent advances in the subjects of Immunity, Tuberculosis, Yellow Fever, Dysentery, Bubonic Plague, and other infectious diseases, making the work reflect as faithfully as possible the present status of Bacteriology. We can confidently say that this book in the present fifth edition will be found of inestimable service to the student.

Compend of Medical Latin.

By W. T. St. Clair, A. M. Second edition. Philadelphia: P. Blakiston's Son & Co., 1904.

A handy little book in which to study the foundations of medical language. It will help any student, and medical men will find it useful in which to look up the forgotten, for what is forgotten sooner than Latin?

Hering's Homœopathischer Hausarzt.

Nineteenth edition. By Richard Haehl, M. D. Stuttgart, 1905.

The first book bearing the imprint of 1905 that has come to our table is Hering's Domestic Physician in German. It was made in Germany, and Dr. Haehl, the able editor of the Monatsblatter, of Stuttgart, has revised and brought the excellent and useful work of Dr. Hering up to date. In fact, practically the whole book has been rewritten. We trust its sale will be a large one, and serve to introduce Homœopathy in many as yet unknown circles.

The Heart and Its Diseases.

By C. T. Hood, M. D., of the Chicago Homœopathic Medical College. P. H. Mallen & Co., Chicago. Price, $1.00.

A little manual of about 100 pages containing about all there is definitely known of diseases of the heart and their scientific treatment. Theories and discussions are omitted. It contains a chapter on heart remedies, which is a very useful one. There are points in it with which we cannot agree; for instance, why Bryonia should be given in 5 drop doses in a capsule instead of the 6th potency, but these are individual opinions. It is a book for the man who has no time for extensive reading.

Essentials of Nervous Diseases and Insanity.

Their Symptoms and Treatment. By John C. Shaw, M. D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition, thoroughly revised. By Smith Ely Jelliffe, Ph. G., M. D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. 12mo volume of 196 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00, net.

Of the progress made in every branch of medicine during the last few years, none has been more prominent than that considering diseases of the nervous system and of the mind. Dr. Smith Ely Jelliffe, therefore, in making the revision for this new fourth edition, has found it necessary to recast the work, entirely bringing the order of arrangement in accord with the present knowledge of these important subjects. Quite a commendable change in arrangement is the grouping of subjects in such a way as to bring out the natural relations of affiliated nervous disorders. This will be found of great service to the student.

In the section on disorders of the mind, the general views of such leading psychologists as Ziehen, Weygandt, Kaepelin, Berkeley, and Peterson have been carefully weighed. This new fourth edition is well worthy our recommendation, and we give it most heartily.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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DECEMBER 1, 1904.

Editorial.

AN OPPORTUNITY NOT TO BE LOST.

There is a grand opportunity for organization work among the ranks of the homœopathic school in the West the coming year. The American Institute of Homœopathy meeting in Chicago in June should animate and encourage every physician of our school within a radius of five hundred miles to make extra endeavors and sacrifices to be present at the meeting, and not only to be present, but to enter his or her name upon the roll of its membership. The State of Illinois leads all other States in the number of homœopathic colleges and in the number of homœopathic physicians, yet the number of members of the Institute within its borders is disgracefully small. New York has double the number of Institute members. Pennsylvania, Ohio and Massachusetts which come next in order in the number of physicians exceed Illinois in Institute members. Roughly speaking, there are about eight times as many physicians of our school in the State of Illinois as there are Institute members in that State. The Illinois State Homœopathic Society numbers 550 members; it is the strongest of our State societies, and with the new law in the Institute in force, it makes it possible for nearly 400 of these members to join the national association; yet with this same rule in force, does it not make it impossible for the remaining 600 or 700 homœopathic physicians of the State who are not members of either body to join? We have always questioned the wisdom of this rule which, though it may work to the strengthening of the State societies and the local societies, it may also work to a disadvantage for the national body, and it is in this that we need the strength. What of the neighboring States of Illinois from which we might expect accessions in Institute membership? Wisconsin has about 175 more non-members of the Institute than members, its State society numbers 85, so under the rule we can expect little this year from Wisconsin. Iowa is a State in which only about one-sixth of her homœopathic physicians are Institute members, and only 150 are members of her State society. Missouri is represented in the Institute by only about one-sixth of her Homœopaths, and in her State society by about one-half. Kentucky has about one-fifth of her physicians in the membership of the Institute, but nearly all are members of her State society. Indiana has but one-tenth of her total number of homœopathic physicians in the Institute, and one-half in her State society. Michigan has only one-sixth of the total number of physicians of our school in the State as members of the Institute, and about one-fourth of her numbers are members of the State society. Minnesota has one-seventh of her homœopathic physicians in the Institute and one-half in her State society. This means, roughly estimated, and not so very roughly either, that there are in the eight States mentioned over 2,500 homœopathic physicians who are not members of the Institute, and over 1,500 who are not affiliated with their respective State societies. When it is remembered that nearly all of the Institute members in any State are also members of their State societies it will be seen that these figures represent approximately the existing condition of affairs. The Institute membership in these eight States, according to the recent Transactions, is in the neighborhood of 425, so there are over 1,000 members of the State societies who should be gotten into the Institute at once if the new rule is to work, for as we understand it they can now come in simply by making an application and by showing that they are in good standing in their State organizations.

One of the speakers in favor of the adoption of the resolution making a membership in the State society requisite for membership in the Institute, said that he believed its passage would cause the membership of the Institute to double each year. It seems to us in view of the foregoing figures that now is the proper time to secure this doubling of our membership; we meet in a territory where there is material and plenty of it, there being over 2,500 non-Institute members in these eight States. There is work to be done; even under the rule we cannot hope to get all of these physicians to join this year, and in many States we cannot get the new graduates of this year because the commencement exercises of the colleges occur after the State society has met, which will bar out a considerable number—and we hope the ardor and interest of these will not flag before the next coming Institute meeting. This work of obtaining new members should be started at once, the claims and benefits of a closer organization should be the chief topic in all of our societies that are to hold meetings between now and

next June. It is the duty of the committee on new members to lose no time in perfecting an organization to this end, and especially in the immediate vicinity to the meeting place. Here is the best field in the country, and the Medical Century will be at the command of the committee at any time to set forward the noble and glorious work, and we will be very glad to see the prediction of the gentleman who spoke of doubling the membership verified.

EDITORIAL BREVITIES.

A Good Resolution.

The State Board of Health of Illinois has passed a resolution that the boards of medical examiners in all other States of the Union should hasten to imitate. After January 1, 1905, an allowance of 5 per cent. on the required average of 75 per cent. will be allowed for each five years of reputable practice that the applicant has had. This is a good resolution, and will permit a man who has practiced twenty-five years to practice in the State of Illinois on passing an examination receiving marks of 50 per cent. It would be better still had the Board made it 10 per cent. for each five years, but it may serve as an entering wedge toward the injustice wrought by examining boards against those who have been many years in practice in favor of the recent graduate fresh from book studies and ignorant of the ways of actual clinical practice.

End of Volume XII.

With this issue closes the first dozen years of the existence of the Medical Century. A glance through these volumes will show the history of Homœopathy written more fully than in any twelve years that preceded the birth of the Medical Century, and it is not only the history of Homœopathy in the United States but in the world. Our past year has been a most successful one and gratifying to the editor and publishers; we have no fault to find with our subscription list, it grows as fast as it can with the relatively few accessions to our ranks, and we are pleased to note that not alone our own but large numbers of the eclectic and allopathic schools desire to keep informed on what is going on in our school, and recognize that they can do this in no better way than to take the best there is in the field of homœopathic periodicals. Neither have we any fault to find with the advertising list; our advertisers know when they have results, and soon discover that it is the periodicals with a circulation that bring them, and not those that by virtue of business associations with a half dozen smaller periodicals the sum total of whose circulation does not exceed any one of them are heralded by publishers as the great advertising media of the school. Our thanks are due to the long list of advertising patrons who have not only stood by us but who have recommended others to investigate our claims. Our publisher's department is exclusively for our advertisers, our literary columns are exclusively for our readers, and it is no more fair to our advertisers to take part of their paid space for our readers than it is for advertisers to ask for a part of the space for which our readers pay. The best advertisers recognize this, and to them we are grateful and are always watchful for chances to give them a good and legitimate word in our pages. To all readers and friends we wish the compliments and happiness of the season, and we promise to make the coming volume better than any of the twelve that have preceded it.

Homœopathy Defended.

Dr. E. R. Paillon, of St. Louis, writes a strong communication to American Medicine on the achievements of Homœopathy, giving credit to the system for abolishing nauseous drugs and polypharmacy, bleeding, and showing that Hahnemann was one hundred years in advance of Professor Schmiedeberg and other German investigators of to-day who are advocating the testing of drugs on the human body instead of on dogs, rabbits and guinea pigs. He also shows that Homœopathy is a specialty in therapeutics, and that the allopaths are not averse to appropriating bits of Homœopathy without any credit, and makes the statement that Homœopaths do not permit the "detail men" of pharmaceutical houses to do nine-tenths of their prescribing. The editor of American Medicine in an editorial note commenting on the communication naturally denies everything, and claims everything, but in a rather weak-kneed and insecure manner, contenting himself with throwing a few shots into the alleged polypharmacy of our own school. It is a "regular" Gouldesque comment.

The Downfall of Therapeutics.

The editor of American Medicine bemoans the downfall of therapeutics in an editorial note, stating that the studies of surgery, diagnosis, pathology and bacteriology receive a preponderation consideration over pure medical therapeutics. He admits that after all the only sure things in his school are Mercury and Quinine. He makes the concluding statement, however, that hope is not to be abandoned. There is much hope to be found and many useful therapeutic certainties to be "discovered" yet in the homœopathic Materia Medica and therapeutics, but it takes one who has been educated in a homœopathic college and who has been taught to think homœopathically to appropriate and digest them properly.

The Evangelistic Essays.

There is but one month left in which to prepare the articles for the prize essay competition, but as only short essays are called for, in a few minutes, with the proper inspiration, one can perhaps prepare the winning essay. Something pointed, convincing without misstatement of fact, something that one ignorant of the claims of Homœopathy will at least from the reading be interested enough in to investigate. There are quite a number who have written us that they were to be among the competitors, but the essays have not yet commenced to come in. As stated in the call, in our July issue, January 1st is the limit of time set. We should have a large number of good, convincing essays for distribution among the people.

New York Subway Air.

Much has been written of late of the air in the new subway, complaints of foul air have filled the daily press and a new disease called subwayitis has been discovered whose chief symptoms are nausea and headache. The prognosis of this disease is, however, good, and it will probably disappear when those who patronize the road get accustomed to the conditions. The ventilation of the subway is reasonably good, and we doubt not that the defects in the system will be discovered and removed. Naturally bacteria will lurk where there is dampness, but we have never heard that the farmer's boy who spent hours in the cellar sprouting potatoes found any other bacteria except those that hovered over the cider barrel, and which did not seem to affect him as much as the cider. Those who are troubled with bacteriophobia have one consolation, namely, they do not have to ride in the subway.

Editor's Table.

GENERAL NEWS.

Drs. H. M. Bentley, of Sterling; Charles Lowry, of Topeka, and Ernest P. Millls, of Olathe, represent the homœopathic school on the Kansas State Board of Health.

Zion's Herald published on its title page for November 2, 1904, the president and deans of Boston University, among which we note the face of Dr. John P. Sutherland.

A photograph of Dr. R. B. Weaver's wonderful dissection of the nervous system, which has been exhibited by Hahnemann Medical College of Philadelphia, has been sent to the Museum of Medical Curiosities at Lincoln's Inn Fields, London, where it has excited much attention.

Drs. Annie S. Higbie and Emily L. Hill announce their removal to 158 West 76th street.

We are in receipt of an article in pamphlet form on "Paresis," by Dr. Amos J. Givens, of Stamford Hall, Stamford, Conn., for which we wish to offer our thanks. Dr. Givens is a practical writer, and his articles are of a practical nature. Besides he conducts one of the most practically conducted sanitariums in the country.

It was a pleasure to meet some of the good homœopathic brethren of the South at the recent meeting of the Southern Homœopathic Association at Louisville. Dr. A. L. Monroe does not grow old, nor does his natural force abate. Coon, Clendenin, Mann, and Wunderlich make four of a kind that are hard to beat. Dr. Meredith is always interested whenever there is any homœopathic Materia Medica going on. Dr. Minnie C. Dunlap is one of the live women of our profession whom it is not only a pleasure to meet but to listen to, as she has always something interesting to say. Drs. Bryan, Baldwin, Lott, Carrick, Askenstedt, O. L. Smith, are ready always with hearty welcome, and Reily was there, too, he came with President Young, and narrowly escaped being in a railroad wreck; but it would take more than a railroad wreck to keep Reily away from a meeting where he could do Homœopathy a good turn. This is our second visit to the Southern meeting, and we expect to become a regular attendant.

The Southwestern Homœopathic College at Louisville has a good class of bright students, and they were all in attendance at the Southern meeting. The college is doing good work and deserves the encouragement of our profession in the Southwest.

Tuberculosis in all its phases will be the topic for discussion at the next meeting of the Southern Homœopathic Association in Louisville. Each of the specialties are to present papers and the Materia Medica bureau will present drug studies, especially applicable to the tuberculous diathesis. The editor of the Century is chairman of the Materia Medica bureau, and will be glad to receive volunteers.

A homœopathic free dispensary has been established in Wheeling, West Virginia, which is the first public institution to be established in the State under homœopathic supervision. Drs. J. W. Morris, Jno. McCall, Geo. S. Wells, and J. M. Fawcett are on the staff.

Dr. J. F. Beaumont, of Chicago, has been appointed oculist to the Wisconsin Central R. R., and also to the Chicago and Milwaukee electric road. A first-class appointment, and we congratulate the roads.

Dr. Henry C. Aldrich and wife, of Minneapolis, passed through Chicago on their return from the World's Fair last month.

The Homœopathic Journal of Obstetrics, which is edited by Drs. Honan and Fitzpatrick, is to add a department of Surgery January 1, 1905. This feature will add to the usefulness of the excellent periodical.

Dr. Percy W. Shedd succeeds Dr. W. H. Dieffenbach as alumnus editor of the Chironian.

The Northwestern Ohio Homœopathic Society meets in Toledo on the 13th with an unusually strong program. It is a strong Society, and attendance is always "worth while."

There are 6,000 regularly qualified physicians in New York, but there are 20,000 quacks who treat patients or who sell patent medicines. The New York law seems a failure, like the laws of every other State. It makes it harder for the reputable practitioner and does not seem to affect the advertising quack.

The Central Illinois Homœopathic Medical Society held its twenty-second annual session at Springfield, October 22, 1904.

The Homœopathic Medical Society of Chicago held its first meeting Thursday, October 20, 1904. More than one hundred and twenty-five members were present, and showed more than the usual interest.

Drs. Dewey and Hinsdale, of Ann Arbor, have both been calling on old friends in Chicago. Efforts were made to secure a speech from Dr. Dewey, but without success. This is from our correspondent.

Dr. F. H. Blackmarr, of Oakland Music Hall, Chicago, expects to spend next year abroad studying. The doctor will give up his office at 40th and Cottage Grove.

Dr. Frank Metcalf, of 5246 Prairie avenue, Chicago, was recently married to Miss Rebecca Day.

Medical practice was never at a lower ebb than in Chicago during the past summer. Just at present the City Health Board is having a small-pox epidemic, and the discussion of the value of vaccination is up. The laity is taking considerable interest in the matter, and the writer is reveiving frequent inquiries about internal vaccination. They did not attend the last Isntitute meeting, either.

The eighth annual Practitioners' Course of the homœopathic department of the University of Michigan was just closing as we go to press. The attendance was fair, not up to former years on account of a small-pox scare in the town. The chief feature of the course was the clinic of Prof. George W. Roberts, of New York. Dr. Roberts occupied the amphitheatre an entire day, and his work was witnessed by a large number of the visiting physicians, who, of one accord, pronounced him the best yet. We expected to have a detailed account of the work, but will be obliged to hold it over until next month.

The Toledo Homœopathic Club is in a most flourishing condition. Semi-monthly meetings are to be held throughout the season, and a good program has been prepared.

The Allen County Homœopathic Medical Society of Fort Wayne, Ind., is out with a neat program for the season of 1904-5. Monthly meetings are to be held and the list of papers shows that the meetings will be enjoyable and profitable. A symposium on tuberculosis is booked for the meeting of December 12th, in which Dr. G. W. Bowen, Dr. F. A. Schulz and Dr. H. G. Merz are to take part.

We seldom print articles taken from other periodicals, but The Problem of the Homœopathic College, by Dr. William Boericke, of San Francisco, reproduced in this isssue from our esteemed Pacific Coast contemporary, is an article that our college men and all who are interested in college work should read. We have been requested to reprint the article, and we do so with pleasure, and present it to our readers.

The newly elected Governor of Missouri, Mr. Joseph Folk, is a patron of Homœopathy, and we trust that our interest in that State will receive justice, which they did not receive under the allopathic doctor Governor.

The Alumni Association of Ward's Island and Metropolitan Hospitals will hold its annual dinner at the new Hotel Astor, New York, on the evening of December 7th. Dr. Thomas H. Carmichael, of Philadelphia, will be the toastmaster. Every alumnus should be present.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Clifford Mitchell, professor of renal diseases at the Chicago Homœopathic Medical College, has been invited to deliver an address on "Urine As Indicative of Disease," before the Homœopathic Society of the District of Columbia at their meeting in Washington, December 9th. He has accepted the invitation, and will be guest of the Society at that time.

The Y. M. C. A. of the Chicago Homœopathic Medical College has arranged for a lecture course to be given at the college during the winter. Some of the best lecturers of this city will appear during the season. The first number was given November 29th.

Dr. Louis P. Crutcher, of Kansas City, was in Chicago this month delivering a special course of lectures on Homœopathy at Hahnemann Medical College. Many graduate physicians attended this course.

Dr. Hinsdale, dean of the Homœopathic College of Michigan University, and Dr. W. A. Dewey, of Ann Arbor, visited in Chicago for several days on their way to the Southern Homœopathic Medical Society meeting at Louisville.

Dr. French, the manager of Boericke & Tafel's store in this city, has returned from an extensive trip through the Western States, in the interest of his firm.

Dr. Edgar J. George spent a week's vacation in Kentucky recently. He is interested in the oil fields of that State, and is president of a company which has valuable property there.

The Phi Alpha Gamma Society of Hahnemann Medical College gave an informal party on November 2d. It was their first reception of the year, and was a very enjoyable affair.

Dr. R. B. Dunnon, of Hot Springs, Ark., visited in this city the past month, and took some post-graduate work at Hahnemann. He was accompanied by his wife.

The Junior Ball of the Chicago Homœopathic Medical College was held November 18th at Warren avenue club house. It was well attended by the students, faculty and friends of the college. The house was beautifully decorated for the occasion. Excellent music and a good floor made the dancing unusually enjoyable.

Dr. S. M. Moore, who gave up his practice at Evanston because of his wife's health, about a year ago, has returned to practice in this city, and is located in Sheridan Park. His hours at his office, which is located at Wilson and Kenmore avenues, are, 8 to 10 A. M., 3 to 5 and 7:30 to 8 P. M. He also has an office at 100 State street in the Reliance building, fourteenth floor, and is there from 1 to 2 P. M. While not practicing he has been in the employ of the New York Life Insurance Co. The doctors of Chicago are glad to welcome the doctor back to their ranks.

Drs. Sutherland and Mason, who have been internes at Cook County Hospital, completed their services December 1st. Drs. Hotchkiss and Graves entered upon their services at the same time. Dr. W. E. Hedges also entered the hospital as an alternate interne.

Dr. M. B. Campbell, of Los Angeles, Cal., spent the past montth in this city, visiting old friends and taking special work in the Illinois School of Electro-Therapeutics.

Dr. H. M. Prouty, of West Union, Ohio, is visiting his medical friends in this city.

Dr. G. F. Shears spent a week recently in Mo-

line, Ill., being called there on professional business.

Dr. T. S. Proxmire has been appointed as quiz master on surgery and lecturer on anatomy at Hahnemann Medical College.

The many friends of Dr. A. L. Blackwood will join in extending their congratulations and best wishes upon his recent marriage.

The Blair estate has increased the Blair endowment fund of Hahnemann Hospital by the gift of $5,000 to that hospital.

The Civil Service Commission held the first examination for appointments on the staff of the Cook County Hospital, November 18th. Formerly the members of the staff were appointed every two years by the board of the hospital, but in order to secure the best men and to take it out of politics the selection was turned over to the Civil Service Commission. This is a move in the right direction, but yet hardly seems just to the physicians. Appointments should be made upon the recognized ability of the physicians of Chicago. A board composed of doctors have charge of the examinations. The Homœopaths on the board are Drs. E. M. Bruce and W. M. Stearns.

The regular meeting of the Clinical Society of the Chicago Homœopathic Medical College was held the last Friday of October. Dr. B. A. McBurney read a paper on "Diseases of the Prostate." Others gave reports of cases of prostatitis, and the treatment of the disease was thoroughly discussed by those present. These meetings are held the last Friday of each month, and are open to all. A cordial invitation to attend and join in the discussion is extended to all physicians. They are clinical meetings and are for the purpose of stimulating research in all lines.

Dr. L. C. Grosvenor has returned from Massachusetts where he spent the summer on his farm. He says he feels better and younger than ever, and that he feels as if he had many years of active work ahead of him. Certainly his actions and looks do not belie his words.

Small-pox has invaded Chicago, and some of its suburbs in an aggravated form. There have been several deaths from it, and very great efforts are being made to stamp out the disease. The health boards are insisting upon the vaccination of every one, and the rule is being generally observed.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The November meeting of the Homœopathic Medical Society was held the evening of the first of the month; arrangements were made for the annual meeting to be held Friday and Saturday evenings, the 9th and 10th of December. The Advisory Board reported that Dr. Clifford Mitchell, of Chicago, would present a paper on Friday evening, his subject being "Urine as Indicative of Disease." The Saturday evening meeting will be addressed by Dr. H. P. Deady, of Liberty, N. Y., upon the subject of the "Climatic Treatment of Consumption." Dr. Shearer, of Baltimore; Dr. Bailey, of Atlantic City, and Dr. Dillingham, of New York, have been invited, and will probably enter into the discussion upon the various papers.

Dr. H. I. Silvers was elected to membership in the Society.

Dr. William R. King read a very interesting paper on the "Importance of Attention to Ocular Muscular Inco-Ordination in Children." The paper was particularly interesting to the general practitioner, who is the one who comes in contact with the children who may have faulty vision. The condition is too often overlooked by the family, or even by the family physician. A child may be born with one faulty eye, or may develop this fault after birth. In either case he will soon lose the use of the eye. A slight squint should never be neglected, as the child will not outgrow it, but will lose more or less of the power of vision of the defective eye. The symptoms which might call attention to this condition, where a squint does not exist, would be a headache at the base of the brain, at the seat of the oculo-motor center; various nervous symptoms, and even reflex chorea may exist. In the normal child the fusion sense should exist at birth; when it does so, binocular vision is properly developed usually by the age of eight years. In those cases in which the fusion sense does not exist an operation may correct the squint, should there be one, but it will not make the eye work properly. It is necessary to train the faulty eye by giving it work to do. In order to do this it is well to bandage the good eye for a short time each day, allowing the other one to do all the work. The eyes may be trained by using a set of prisms that will strengthen the muscles, or the co-ordination instrument invented by Mr. Worth, of London, may be loaned to the family with instruction to require the child to practice with it a short time daily. The doctor mentioned the various lights, and considered that produced by acetylene gas might be the best, if properly shaded and dispensed.

Several remedies were mentioned in the discussion of the paper, among the number being Natrum muriaticum, Onosmodium, Causticum, Jaborandi, Nux, Gelsemium, and Senega.

The marriage of Dr. James A. Freer and Miss Elizabeth McCalmont, which occurred October 26th, was announced upon their return from a trip North.

Dr. J. S. Stearns has been forced to take a vacation on account of illness.

The first meeting of the Wahsington Clinical Club was held at the residence of Dr. Branson on October 12th.

Miss C. V. Dorman, proprietor of the homœopathic pharmacy, has been a patient at the National Homœopathic Hospital for the past three weeks, but is convalescent at present.

The will of Mrs. Louisa W. K. Browne, which was placed on file October 5th, records a bequest to the National Homœopathic Hospital of one thousand dollars for the endowment of a room in said institution.

The Committee of the Associated Charities on the Prevention of Tuberculosis has established a free

dispensary, in which tubercular patients are to receive treatment and advice as to the correct methods of living; microscopic examinations of sputum will also be made in all doubtful cases.

ROCHESTER RECORDINGS.

BY WILLIAM PERRIN, M. D., ROCHESTER, N. Y.

The regular fall meeting of the Western New York State Homœopathic Medical Society was held at Batavia, N. Y., Friday, October 28th, at 2:15 P. M. The meeting was well attended and proved to be one of the most interesting and beneficial meetings that the Society has held in some time.

The program was opened by Dr. C. A. Rowley, of Victor, N. Y., who read a paper on "Puerperal Sepsis." Dr. Rowley classified this into the three classes, viz., sapræmic, pyæmic and gonorrhœal. He condemned the too frequent vaginal examination during the case of labor, and in case of laceration strongly recommended immediate repairing of the wound. Should infection of the womb occur and an operation become necessary, he forcibly impressed upon us the advantage of the finger curette and recommended the late Dr. Pryor's idea of packing the pelvis with iodoform gauze through the posterior cul-de-sac.

Dr. Mosley, of Buffalo, in discussing this paper, spoke of the advantage of gauze medicated with protargol for this condition, also the use of gauze saturated with glycerine and glycothymoline, the glycerine being beneficial on account of its property to draw moisture from the surrounding tissue toward the uterus cavity and thus lessen the chance of infection.

The next paper was by Dr. Walter J. Marcley, Superintendent of the Massachusetts State Sanatorium, Rutland, Mass. Dr. Marcley very kindly came all the way from Massachusetts to explain to us the work that is being carried on there for the benefit of incipient cases of pulmonary tuberculosis. He gave us a history of the open air treatment as started by Dr. Trendo, and emphasized especially for treatment, rest, exercise, diet, hydrotherapy and aerotherapy. At the close of the meeting Dr. Marcley was voted an honorary member of the Society.

Following this Dr. Collins, of Rochester, read a paper, entitled "When Do Diseases of the Stomach Become Surgical." Doctor was of the opinion that a gastric ulcer not cured in five weeks should be considered surgical; it being known that cancer so frequently follows an old ulcer base. Dr. Collins illustrated his paper by drawings and cuts of different conditions.

In discussing this Dr. Mosley spoke of the morbidity of medical cases being greater than that of surgical, but the mortality of both being about the same.

The last paper read was by Dr. S. R. Snow, of Rochester. The doctor's paper was on the "Repair of the Perineum." Dr. Snow advised immediate operation in cases where the patient was strong enough to stand it, otherwise wait until the parts became normal. In conclusion, Dr. Snow outlined an original operation for repair of the perineum, wishing all the success that he has had with this method.

Dr. David B. Jewett, formerly an interne in the Rochester Homœopathic Hospital, has opened an office at No. 68 Clinton avenue, South Rochester, N. Y.

Dr. John Morgan, of Rome, N. Y., has begun his appointment as interne in the Rochester Homœopathic Hospital.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Geo. P. Connolly has removed from Rockford to Lake City, Minn.

Dr. A. E. Dockstader has removed from Lake City to Hastings, Minn.

Dr. E. L. Hull, of Russell, Minn., was the unfortunate victim of a runaway accident on Sunday, September 25th. As a result he received a broken leg.

Dr. Asa Stearnes Wilcox, of Minneapolis, is another of our good men who has suffered from accident, having fallen through his stable floor into his horse's manger, and had to nurse two broken ribs in consequence.

At Canal Dover, Ohio, on October 4th, occurred the wedding of Miss Ella Eppius, of that city, and Dr. Geo. M. Haywood, of Minneapolis, an eye and ear specialist of prominence in that city.

Dr. Hugh Tunstead and Miss Ida Roloff, both of Minneapolis, were married at the home of the bride's parents on October 5th, and are residing at Emerson and 20th avenues, in Minneapolis.

The first regular meeting of the winter of the Minneapolis Homœopathic Society was held at the Masonic Temple on October 11th. President, A. S. Wilcox, in the chair. After a brief address by ex-Mayor Gray, of the new charter commission, on the work of that organization, the essay of the evening, by D. Wilcox on "A Case of General Abdominal Carcinosis," was listened to with interest, and brought out a lengthy discussion.

Dr. Paul A. Higbee, of Minneapolis, is tenderly caring for a Colles fracture acquired by accident at the gymnasium.

The stork visited the home of Dr. Satterlee, of Clear Water, Minn., some two months since.

The re-election of Mayor J. C. Haynes means the continuance of Dr. Geo. E. Ricker in office as city physician of Minneapolis for two years more. We are pleased to state at the October meeting of the Hennepin County Medical Society (allopathic) the Board of Censors reported upon the application of four Homœopathists, who had applied for membership in that organization; that since mailing to them (the four mentioned) the requirements for eligibility as laid down by the Secretary of the American Medical Association, three of the four had withdrawn their applications, and the fourth had not replied. Not bad for Homœopathy in Minneapolis when it has been alleged that the school was to be swallowed bodily by the allopaths.

The conditions for membership in the American Medical Association as given by Dr. Geo. H. Simmons, Secretary of the A. M. A., referred to above, are: "Every reputable and legally registered physician who does not practice nor lend his support to any exclusive system of medicine is eligible for membership. But if he retains his position as professor in a sectarian medical college or accepts an appointment on the hospital staff of any alien system of medicine, or holds membership in a sectarian medical society, he is not eligible, for he would be supporting an exclusive system of medicine."

How any graduate of a homœopathic college can humiliate himself sufficiently to accept the above is beyond our comprehension.

OBITUARY.

Dr. S. C. Morrill

Of Concord, N. H., died on October 9th, at the age of 65. Dr. Morrill was a graduate of the Cleveland Hospital College of the class of 1865. He was one of the founders of the Margaret Pillsbury Hospital in Concord.

Societies.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-first session of the Southern Homœopathic Medical Association was held in the Galt House, Louisville, Kentucky, on October 25th and 26th. It was one of the best attended meetings in the history of that Association, and the interest throughout was most marked. Among those present from afar were Drs. L. C. Grosvenor, of Chicago; E. S. Bailey, of Chicago; C. E. Fisher, of Little Orleans, Md.; W. B. Hinsdale and W. A. Dewey, of Ann Arbor, Michigan; O. S. Runnels, of Indianapolis; C. E. Walton, of Cincinnati; C. M. Boger, of Parkersburg, W. Va.; C. E. Sawyer, of Marion, Ohio; G. F. Adams, of Kenosha, Wis. Dr. Willis Young, of St. Louis, occupied the chair.

After the usual order of business was over came the reading of the papers, which were listened to with interest and discussed with profit; the discussions at times becoming animated.

In the Bureau of Materia Medica Dr. W. B. Hinsdale read a paper, entitled "The Government Proving of Borax;" Dr. W. A. Dewey, "Secale cornutum," and Dr. C. M. Boger presented a paper on "Kali bichromicum."

The Bureau of Clinical Medicine was represented by an excellent paper by Dr. F. C. Askenstedt, of Louisville, on "Dilatation of the Heart."

The Bureau of Surgery had the following papers: "The Interval Operation for Appendicitis," by Dr. O. S. Runnels, in which the essayist advocated immediate operation in all cases. "Some Rare Abdominal Cases," by Dr. G. S. Coon, and a fine paper by C. E. Walton, of Cincinnati, on "What the Surgeon Should See." Dr. E. S. Bailey read a paper on "The Median Line in Srugery;" Dr. Willis Young, on "Abdominal Surgery," and Dr. H. M. Clendenin, on "The Importance of Careful Treatment in Head Injuries."

The Bureau of Obstetrics was represented by two papers, one "Puerperal Eclampsia," by Dr. L. C. Grosvenor, and one on "The Vomiting of Pregnancy," by W. E. Reily, of Fulton, Mo.

The Bureau of Neurology was also represented by two papers, one on "Paresis," by C. E. Sawyer, of Marion, Ohio, and one on "The Surgical Treatment of Neurasthenia," by Dr. C. E. Fisher.

Dr. E. S. Bailey, of Chicago, gave an interesting talk on Radium, and exhibited $105 worth of that substance, telling what it had done and what it promised to do. A number of these good papers will appear in the Medical Century.

The election of officers resulted as follows: President, Orrin L. Smith, of Lexington; First Vice-President, H. L. Lott, Louisville; Second Vice-President, Minnie C. Dunlap, of Lexington; Secretary, J. E. Mann, of Louisville; Corresponding Secretary, H. C. Clendenin, of Louisville; Treasurer, J. F. Bryan, of Louisville. The place of meeting for next year fell to Louisville. It is quite probable that the next meeting will take up the kuestion of tuberculosis, and have papers presented from each of the bureaux upon that disease. It will make an interesting and instructive session.

Correspondence.

Rhinelander, Wis.

Medical Century:

It is seldom that a patient with gonorrhœa and a tale of innocence and virtue finds a credulous ear but there are exceptions.

Called to see two girls, aged four and six years, found a purulent vaginal discharge, parts swollen and exceedingly sensitive. I soon learned that a servant in the house had gonorrhœa, and the girls had been in the habit of using the vessel in her room. In a few days a brother, 13 years old, presented himself with unmistakable signs of the same disease, and claims of total abstinence. Knowing the boy as I do, almost compels me to believe him. He used the fatal vessel also. Two days later the father complained of pain on micturition. He soon had a badly swollen organ and a profuse purulen discharge. He stoutly protested innocence. Had slept with the litle girls before I was called, but after they had a discharge. No napkins being used the sheets became soiled. I gave the man the benefit of the doubt. Am perfectly satisfied he did not contract it from the servant. The mother was soon afflicted, contracting it in the natural manner from her husband before she knew he was infected. Two boys in the family escaped.

Recovery in all was uneventful.

S. R. Stone, M. D.

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